STATE OF MARYLAND—	CERTIFICATE OF DEATH 6333
1. PLACE OF DEATH	98.2
County Baltimore	Registration Dist. No. 33
Village Dr City Stilts	ND. St., Wa
(If Length of residence in city or town where death occurredyrs2mos	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Jansa Lane all	an . If U. S. Veteran, specify WAR.
(a) Residence: No. I sent Rock Pay R	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
J. S. SEX 4. COLOR OR BACE OR DIVORCED (write the word) Temple. White Single, Married, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of (or) WIFE of William albaw.	22. I HEREBY CERTIFY, That I attended deceased fr
020 17 161.	1 12 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2
DATE OF BIRTH (month, day, and year) AND 18 Box AGE Years Months Days If LESS than	Nast saw h
74 /1 23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	arterisslerasis 1917
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this year) 11. Total time (years) spent in this occupation occupation.	
2. BIRTHPLACE (city or town) Baltimore Co., And	Other Contributory Causes of importance: 1909 Cardial Assufferiency 193
13. NAME Thomas M. Bull.	
14. BIRTHPLACE (city or town)	Name of operation None Date of Pron
(State or country) Sallmore, Co. Md.	What test confirmed diagnosis? MINE Was there an autopsy?
15. MAIDEN NAME Harry An Cullough,	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) College (State or country) College (State or country)	Accident, suicide, or homicide?
(State or country) Sallimore Co., FAG.	Where did injury occur?
7. INFORMANT A STEEL ROCK PA.	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HDME, or in PUBLIC PLACE.
8. BURIAL CREMATION, OR REMOVAL	Manner of injury
Blace of the Co. Sect - Date June /3, 1937	Nature of injury
9. UNDERTAKER Paul A Transactions (Address) Nour Frederick	24. Was disease or injury in any way related to occupation of deceased?
20. FILED June 12, 1937 Samuel & Miller	(Signed) Ally Helatans ff. M
Registrar.	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II				
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset			
Arteriosclerosis Target FIVE	1915	Attack of epilepsy	1 week ago			
Chronic interstitial nephritis	1921	Run over by street car	1 week ago			
Cerebral hemorrhage 1 301 7 1937	July 5, 1927	Peritonitis	3 days ago			
MIREAU V.	8					
Other contributory causes of importance:		Other contributory causes of importance:				
Gallstones	May 1,1923	Gastroenteritis	1 year			

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

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1	3	U	4	1	ĵ	

1. PLACE OF DEATH	940
County Baltimore	Registration Dist. No. 34
Village or City Parkton	NoSt.,War
Locate of socidars is also as a second state of social second	(If death occurred in a hospital or institution, give its NAME instead of street and number)
14/. // /	Z-yrsmosds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME William Erv	177 A / ba 77. If U. S. Veteran, specify WAR.
(a) Residence: No. / arkston,	M. St., Ward.
(Usual place	4
PERSONAL AND STATISTICAL PARTI	
	RIED, WIDOWED, D (write tha word) Active (Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased fro
1 2000 111. 140	May 4 , 193/ to figure : 10 , 193/
DATE OF BIRTH (month, day, and year) August	2 18/5 I last saw h list alive on house, 193/; death is sa
AGE Years Months Days	If LESS than to have occurred on the data stated above, at
6/ 1018	ormin. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Oate of ons.
R. Trade, profession, or particular kind of work dona, as SPINNER, Farmel SAWYER, BOOKKEPER, atc	v. 600 th
9. Industry or business in which	William I promote puft
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
kind of work dona, as SPINNER, SAWYER, BOOKKEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last workad at this occupation (month/and spei	ime (years)
yaar) December 1736 occu	Other Coatributory Causes of importance:
2. BIRTHPLACE (city or town)	and the state of t
(State or country) Ballo, Co.	ma.
13. NAME John S. alla	n·
13. NAME Jehn S. Alla 14. BIRTHPLACE (city or town) — asea tor	name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary Craum 16. BIRTHPLACE (city or town) Marry Canal (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Many Cana	A Line Accident, suicide, or homicide? Date of injury 19
(State or country)	Whera did injury occur?
7. INFORMANT ENGENE F OF	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Becklysville, Md. Date Jim	L. J.3, 19 37 Nature of injury
9. UNDERTAKED and M. Harle	24. Was disease or injury in any way related to occupation of deceased? 20
(Address) Lew Treedon. I	I IT OF COUNTY
1 1 1 1 1 1	Oban (Signed) Educar M. Dansel M.

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Cerebral hemorrhage	July 5,1927	Peritonitis 22	3 days ago			
BUREAU V. 3.	7					
Other contributory causes of importance:		Other contributory causes of importance:				
Gallstones	May 1,1923	Gastroenteritis	1 year			

Village or City Divided Country Village or City Divided Country Length of residence in city or town where death occurred. Village or City Divided Country Length of residence in city or town where death occurred. Vis. M. A. No. Length of residence in city or town where death occurred. Vis. M. A. No. Length of residence in city or town where death occurred. Vis. M. A. No. Length of residence in city or town where death occurred. Vis. M. A. No. Length of residence in city or town where death occurred. Vis. M. A. No. Length of residence in city or town where death occurred. Vis. M. A. No. Length of residence in city or town where death occurred. Vis. M. Yard. Vis. DATE OF DEATH 21. DATE OF DEATH 22. Length of residence in city or town and State Vis. M. A. COLOR Of RACE. S. SINCELL PARKED, WIDOWED. Vis. M. M. Color Of RACE. S. SINCELL PARKED, WIDOWED. Vis. M. M. Color Of RACE. S. SINCELL PARKED, WIDOWED. Vis. M. M. Color Of RACE. S. SINCELL PARKED, WIDOWED. Vis. M. M. Color Of RACE. S. SINCELL PARKED, WIDOWED. Vis. M. Color Of RACE. S. SINCELL PARKED, WIDOWED. Vis. M. Color Of RACE. S. SINCELL PARKED, WIDOWED. Vis. M. Color Of RACE. S. SINCELL PARKED, WIDOWED. Vis. M. Color Of RACE. S. SINCELL PARKED, WIDOWED. Vis. M. Color Of RACE. S. SINCELL PARKED, WIDOWED. Vis. M. Color Of RACE. S. SINCELL PARKED, WIDOWED. Vis. M. Color Of RACE. S. SINCELL PARKED, WIDOWED. Vis. M. Color Of RACE. S. SINCELL PARKED, WIDOWED. Vis. M. Color Of RACE. S. SINCELL PARKED, WIDOWED. Vis. M. Color Of RACE. VIS. M. Color Of Color Of The Town of Marked Vis. Vis. M. Color Of Race. Vis. M. Color Of Race	1. PLACE OF DEATH	(23)	-
Length of residence in city or town where death occurred yrs. A show long in U.S. if of foreign brita? 2. FULL NAME (a) Residence: No. PULL ALL STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS 3.583 4. COLOR OF RACE S. SINCLE MARRIED, WIDOWED. 5. If married, widowed, or divorced lityspericy of the control of the con	County Callingse	Registration Dist. No.	<u> </u>
Length of residence in city or town where death occurred. 2. FULL NAME (a) Residence; N6. (b) RAME (c) Residence; N6. (c)	Village or Civudowood SANATORIUM, TOWSUN, M	D. NoSt.,	
(a) Residence: No. Part (Unusifice of shock) PERSONAL AND STATISTICAL PARTICULARS 2,582 4. COLOR OF RACE. OR PLYORED Corie the word. OR PLYORED CORE. OR PLYORED CORP. OR			
(a) Residence: No. Part (Unusifice of shock) PERSONAL AND STATISTICAL PARTICULARS 2,582 4. COLOR OF RACE. OR PLYORED Corie the word. OR PLYORED CORE. OR PLYORED CORP. OR	2. FULL NAME Leke Thward albi	If U.S. Veteran specify WAR.	
3.5ET 4. COLOR OF RACE. OR DYORCE (curry improved) So. II married, widowed, or divorced HUSBAND or (A) WITE of County improved (A) WITE of County in County and State) Section of County improved (A) WITE of County in County and State) What lest confirmed diagnosis? WITE OF County and State) Section of County in County in County and State) Section of County in County in County and State) What lest confirmed diagnosis? WITE OF County in County and State) Section of County in County in County and State) What lest confirmed diagnosis? WITE OF County in County and State) Section of County in County in County and State) What lest confirmed diagnosis? WITE OF County in County and State) Section of County in County in County in County and State) What lest confirmed diagnosis? WITE OF County in County and State) Section of Cou	(a) Residence: No. Partwille Mif	St., St., Ward.	
Sa. If married, wisowad, or divorced HUSANO of WIFE of Color WIFE of Col	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
HISBAND OF GOT WIFE OF CONTROL OF	OR DIVORCED (write the word)	mul 22 193	(Year)
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day, hrs or min. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: SAWYER, BOOKKEFER, etc. SAW	HUSBANO of		
7. AGE Years Months' 1 day,hrs. orhrs. or	6 DATE OF BERTH (month day and year) March 18 1883		- 4
Trade, profession, or particular work done as SPINNER, SAWER, BOURKEPER, etc. SANVER, BOURKER, BOURKEPER, Etc. SANVER, BOURKER, BOURKER SANVER, BOURKER SANVER, BOURKER SANVER, BOURKER SANVER, BOURKER SANVER, BOURKE	7. AGE Years Months Days If LESS than	1 - 1	
Trade, profession, or particular kind of work does, as SPINER, SAWYER, BOOKKEPER, etc. 9 Sandyter, BOOKKEPER, etc. 9 Sandyter, BOOKKEPER, etc. 9 Sandyter, BOOKKEPER, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR VEMOVAL Place (Address) 19. UNDERTAKEB 1		ware on follows:	to of speed
12. BIRTHPLACE (city or town) Contributory Causes of importance:	Trade, profession, or particular kind of work done as SPINNER	A-A	
12. BIRTHPLACE (city or town) Contributory Causes of importance:	SAWYER, BOOKKEEPER, etc.	Julmanary Montules a	Kent
12. BIRTHPLACE (city or town) Contributory Causes of importance:	work was done, as SILK MILL, SAW MILL, BANK, etc.		an
Other Contributory Causes of importance: Other Contributory Causes of i			4-36
(State or country) 13. NAME	year) occupation	Other Contributory Causes of importance:	
13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) Personal History—Hospital Record 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Place 19. UNOERTAKEB (Address) 20. FILED 21. INFORMANT (Signed) Name of operation What test confirmed diagnosis? Accident, suicide, or homicide? Specify whether Injury occur? Speci			
What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) Personal History—Hospital Record 17. INFORMANT (AddresBud Owood Sanatorium, Towson, Md. 18. BURIAL, CREMATION, OR REMOVAL Place Oate Mary Oate Mary 19. UNOERTAKEB 10. Mary 10. UNOERTAKEB 11. Mary 12. January 13. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? Specify city or town, county and State) Specify whether Injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 19. UNOERTAKEB 11. What test confirmed diagnosis? Accident, suicide, or homicide? Specify whether Injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNOERTAKEB 19. UNOERTAKEB 10. Accident, suicide, or homicide? Specify whether Injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE. 19. UNOERTAKEB 10. UNOERTAKEB 11. So, specify (Signed) 12. Was disease or injury in any way related to occupation of deceased? (Signed) 12. Was disease or injury in any way related to occupation of deceased? (Signed) 13. Maccident, suicide, or homicide? Accident, suicide, or homicide? Accident, suicide, or homicide? Specify whether Injury occurr? Specify whether Injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE. 18. BURIAL 19. UNOERTAKEB 19. UNOERTAKEB 10. UNOERTAKEB 10. UNOERTAKEB 11. In also the following: Accident, suicide, or homicide? Specify whether Injury occurr? Specify whether Injury occurr? Specify whether Injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE. Specify whether Injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE. Specify city or town, country and State) Specify whether Injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE. Specify city or town, country and State) Specify city or town, coun	1 0 010		
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Personal History—Hospital Record 17. INFORMANT (AddresSudowoodSanattorium, Towson, Md.) 18. BURIAL, CREMATION, OR REMOVAL Place Oate Place Oate Place Oate Oat	(State of country)	Variable of the second	sy?
Personal History—Hospital Record 17. INFORMANT (AddresSudowoodSanattorium, Towson, Md.) 18. BURIAL, CREMATION, OR REMOVAL Place Oate Place Oate Place Oate Oat	15. MAIDEN NAME Calleline Rasch	23. If death was due to external causes (VIOLENCE) fill In also the following:	
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(Address) 2/04 Audients are (Address) 2/04 Audients are (Signed)	(State of County)	(Specify city or town, county and State)	
18. BURIAL, CREMATION, OR REMOVAL Place NOMENTAL CONTROL OF THE NATION OF REMOVAL 19. UNDERTAKER LANGUAGE AND Second Signed Of Local Control of Manner of Injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Signed) Manner of injury Nature of injury (Signed) Manner of injury Nature of injury (Signed) Manner of injury Nature	17. INFORMANT	Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.	
19. UNOERTAKER SLATULE Spheres, 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) M. D. (Signed)	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
(Address) 2100 Audinot and If so, specify 20. FILED 6/22, 1937 A. W. Daco (Signed) N. a. Bridges M. D.	Place Mary Man 9 Oate mal 74, 193	Nature of injury	
20. FILED 6/22 , 1937 a. W. Daco (Signed) NU Bridges M. D.	19. UNOERTAKER SEATER L. Sohwat.	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED 7.3.192/4. 192/4.	(Address) 2/0 Eudinet ages	666116 16 16 16 16	
	20. FILED 6/23 , 1937 a. 71 Daco	(Signed) TOWSON MOL	M. D.

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Example I	1	Example II	7
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis -	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1931	July 5, 1927	Peritonitis	3 days ago
SUBLAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLA	CE OF DEATH			(947)	130	1	~
Coun	ty Baltimore					Registration	Dist. No.	0
Villag	ge or City Catonsv	ille		No. Spring	Grove	State Ho	ospitalst,	Ward
	h of residenca In city or town who		8yrsQmos	f death occurred in a hospit s. 25 ds. How long	afor institution	on, give its NAME foraign birth?	Einstead of street and n	umber) sds.
2. FULI	L NAME Daniel	W. Banks		If U. S.	Veteran, s	pecify WAR		
	Residence: No. 1106 E		St.	St.,Ward			give city or town and	
PEF	RSONAL AND STATE	STICAL PART	ICULARS	MEDI	CAL CE		OF DEATH	
3. SEXMale		5. SINGLE, MAR	RRIED, WIDOWED, D (write the word)	21. DATE OF D		(Month)	(Day)	, 193_7
5a. If merried	d, widowed, or divorced ND of					`	1327	(1001)
(or) MI	FE of Single						Y, That I attended o	
				I lest saw h_in a			me6	
6. DATE OF	BIRTH (month, day, and yaer) Years Months	ot 24 18	57	to have occurred on the				; death is said
. AGE	89 8	18	1 day,hrs.	The PRINCIPAL CAUS				
RaTred	e, profession, or particular	1	ormin.	were as follows:	lanas	ionei+h iv	f- wat	Date of onset
NO	ind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Carpenter		- Cepebral ar				1929
9. Indu	stry or business In which vork was done, es SILK MILL,			Generalizad				
300	SAW MILL, BANK, etc	Penna R		-				
	dacaasad last worked at his occupation (month and	SD6	tima (yaers) ent in this					
<u> </u>	rear)	32:4 0cs	upation J.j.fe	Other Coutributory Can	uses of Impor	tance:		
12. BIRTHPL (State	ACE (city or town) Mary-] a or country)	and		Arteriosel		e-gangrei		pr. 1937
13. NAM	E Samue	1 Banks						
14. BIRT	HPLACE (city or town) Mar	yland		Neme of operation	Non	9	Date of	
F (State or country)	<u> </u>		Whet tast confirmed di	agnosis?C-1	inical-ar	d Was thera an e	utopsy?_Yes
15. MAI		Baseman		23. If daath was due to	external ceus	USTO DENCE) FI	I In also the following	: No
15. MAIO 16. BIRT	HPLACE (city or town) Mary	land		Accident, suicida, or ho	omicide?		Date of Injury	, 19
Σ (State or country)			Where did injury occur	r?	(Specify city or	town, county and State	.,
	NT Hospital	Record		Spacify whether injury	occurred In	INDUSTRY, In HO	ME, or in PUBLIC PLA	ČE.
l	CHEMATION, OR REMOVAL	1	0,07	Manner of injury				
PIG	success farm	Date O	19/	Neture of injury				
19. UNDERT	welles lell &	Duna	hiere	24. Wes disaese or inju	ry in any we	y related to occup	ation of dacaesed?N	lo
	ress) / (-0)	Branca	way	If so, specify	7			
20. FILED	6/1 10.	MI	Miss	(Signed)	rul	Len	uda	M. O.
ZU. FILED	16 37	The state of the s	Registrar.	(Addrass)	Sprin	g Grove	State Hosp	4
	If :	nore blanks are need his	address Spate Registrar	, 2411 N. Charles Street, Be	altimore, Req	nuesting U. S. No.	I.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	(4)	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis 4	1 year
	1200	
OD BUIDTH	O STATEMENTS DV DO STATEMENT OF	24.00
	1915 1921 July 5,1927 May 1,1923	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

BINDING

ED,

MARGIN

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womstate occupation at beginning of iliness. It retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary) may be entered as Housewife, House household only and paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Toreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer. Stationary firemen, etc. Physician, Compositor, Architect, Locomotive engineer. the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various parsuits can be known. The quescupation is very important, so that the relative health whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Furmer (re-(a) Foreman, (b) Automobile factory. Statement of Occupation-Precise statement of oc For many occupations a single word or term on But in many The material

spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold pneumonia"); fever (the only definite synonym is "Epidemic cerebro ed term for the same disease. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect Lodar pneumonia, Bronchopneumonia ("Pneumonia," to time and causation), using always the same accept-Statement of Cause of Death-Name, first, the DIS

> ture of the injury, as fracture of shall, and conseas probably such, if impossible to determine definitely. Examples: Accidental drowning; Strick by railway ary), 10 ds. Never report mere symptoms or terminal stated uuless importaut. use of "Tumor" for malignaut neoplasms); inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menand qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" (merely causing death), 29 ds.; Bronchopncumonia head of quences (e. g., sepsis, tetanus) may be stated under the Poisoned by carballe acid-probably suicide. "PUERPERAL senticaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uracmia," "Weakness," etc., when a definite disease rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions," Chronic interstitial nephritis, etc. The contributory taken. State cause (secondary or intercurrent) affection need not be Whooping cough; Nomediclature of the American Medical Association.) -accident; Revolver wound of had-hamicide; .. (name origin; "Cancer" is less definite; avoid of cause of death approved by FOR VIOLENT DEATHS STATE MEANS OF INJURY "contributory." "Debility" ("Congenital," "Senile," etc.), for which surgical operation was under-Chronic valvular heart disease; (Recommendations on state-Example: Mcaslcs (discase Committee on Meastes; (second-The na-"Con-

tions and 14 to certificate is looked over thoroughly and all queswered in detail, it will prevent further corresponddate is permanently filed. the data is essential and must be obtained before

ditries Stor

CEIVED

1. PLACE OF DEATH	
County Klattingore Registration Dist. No. 31	
Village or City Woodlaws No. St.	Ward
(If death occurred in a hospital or institution, give its NAME instead of street and numbe Length of residence in gity or town where death occurredyrsmosds. How long in U.S. if of foreign birth?yrsmos	
2. FULL NAME Stances & Dello	
(a) Residence: No. 50/1 Surface of abode) St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
3. SEN 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 21. DATE OF DEATH (Month) (Day) , 193	7
5a. If married, widowed or diverced HUSBAND of (or) WIFE of 1 HEREBY CERTIFY, That I attended decease	sed from
6. DATE OF BIRTH (month, day and year) 1894 Lisst saw here alive on 28 here 1932 death	9.3
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at	h is said
48 The PRINCIPAL CAUSE OF DEATH and related causes of importance.	
8 Trade profession or particular	of enset
Kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc 9. Industry or business in which work was done as SII K MILL	
Work was done, as SILK MILL would wrife	
SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) Baltimare Ald Other Contributory Canees of importance: (State or country) Other Contributory Canees of importance: Country Other Contributory Canees of importance:	
13. NAME Alekender Dros one weeks ceus on	
13. NAME Alexender Profession 14. BIRTHPLACE (city or town) Polary Name of operation Ostate or country) Date of	
What test confirmed diagnosis? What test confirmed diagnosis?	?
15. MAIDEN NAME Maryanna Symans 23. If death was due to external cases (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) Sermen Accident, suicide, or homicide? (State or country)	9
Where did injury occur? (Specify city or town, county and State) 17. INFORMANT Tank Bells of (Address) 504 November 10 Aug. (Address) 504 November 10 Aug.	
18. BURIAL, CREMATION OR REMOVAL Place A Lancis lo Date June 2, 1937 Nature of injury Nature of injury	
19. UNDERTAKED John Dugla 24. Was disease or injury in any way related to occupation of deceased? (Address) 38 18 9 Fred Sun All Sun	
20. FILED Just 30, 1937 Wm & Martin (Signed) Most Registrar. (Address) Nos Regen De	_M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related c of importance were as follows:	auses Date of onset	
Arteriosclerosis	1915	Attack of epitensy.	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis JUL @ 1997	3 days ago	
		BURRAUVE		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Date of onset

RESERVED ARGIN

S. No.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 9 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		M. M.	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on Farm laborer, without more precise specification as Day . (b) For persons who have no occupation Automobile factory. The material Laborer-Coal minc, etc. Wom-Grocery,

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Ccrebrospinal Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report d'Typhoid Pneumonia"); to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect pneumonia, Broncho neumonia ("Pneumonia,

> use of "Tumor" for malignant neoplasms); stated unless important. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. unqualified telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," Whooping as fracture of skull, and consequences (e.g., sepsis, "Exhaustion, "Atrophy," "Collapse," "Coma," "Convulsions, perionarum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condi-(rame origin; "Cancer" is less definite; avoid cough; 'Congenital,' "Senile,' etc.), "Dropsy,
> " "Heart failure," "Haemorrhage, indefinite) Tuberculosis of lungs, men-Chronic Example: Measles (disease valvular heart disease; The

"Dropsy,

contributory

Measles; etc., of

permanently filed. data is essential and must be obtained before the certificate is answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and all questions

approved by Committee on Nomenclature

(Recommendations on statement of cause of death

American Medical Association.)

(Year)

Date of onset

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Example 1	EDI	Example II	
The principal cause of death and related cau of importance were as follows:	Ses Data of open	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week aga
Chronic interstitial nephritis	1, 5. 1021	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days aga
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6348
1. PLACE OF DEATH	(30)
County	Registration Dist. No. 30
0000	Onlla Con
Village or City	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred in a notpital of institution, give its IVAIVIE, instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME VEAGE Z. Bowers	If U. S. Veteran, specify WAR
(a) Residence: No. Def (or Que	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	193
5a, If married, widowed, or-divorced	(Month) (Day) (Year)
HUSBAND of	22. HEREBY CERTIFY) That I attended deceased from
(or) WIFE of Couly Jane Bowers	(Same 183) 10 June (5 193)
160 to 1010	Hast saw h alive on 190); death is said
6. DATE OF BIRTH (month, day, and year)	
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
8 0 1 2 0 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were follows:
8. Trade, profession, or particular	Manie Ceras.
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month end	9 7//
Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at 11. Total time (years)	
this occupation (month end / 422 spent in this Jeffel occupation Jeffel	
	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	Crimic (area chy malous
(State or country)	Regolite aslety delices
월 13. NAME ,	4 Cle day
13. NAME 14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19, 19, 19, 19, 19, 19
S (State or country)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE
17. INFORMANT Consisted Total Andrews	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place (1) 2000 Dee Date Fry June (8,19?)	Nature of injury.
1000	
19. UNDERTAKER	24. Was disease or injury In eny way related to occupation of deceased?
(Address) 1217 At No. 1	If so, specify

Registrar.

If more blanks are needed, addrew State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

V. S. No. 1

ż

20, FILED.

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1037	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURL			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6349
county Baltimore	Registration Dist. No. 4-3
Village or City Fullerton (Il Langth of residence In city or town where death occurred 12 yrs. mos	No. Ridge Ave. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number) s
2. FULL NAME Jacob W. Brauer (a) Residence: No. Ridge Ave., Fullerton (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Male White Single, Married, Widowed, OR Divorced (write the word) Single	21. DATE OF DEATH June 28th, 193 7 (Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	1 HEREBY CERTIFY, That I attended daceased from Lastender 1920, 1927, to June 2820, 1937
6. DATE OF BIRTH (month, day, and year) Jan. 9th. 1875 7. AGE Yaars Months Days If LESS than 1 day,hrs. 0 orhrs.	I last saw h alive on
8. Treda, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, House Painting SAW MILL, BANK, etc. 10. Oate deceased lest worked at this occupation (month and 1937) 11. Total time (yeers) spent in this occupation 12	were as follows: Oate of onset O[19/8]
12. BIRTHPLACE (city or town) Balto. (State or country) Md. 13. NAME David Brauer, Sr. 14. BIRTHPLACE (city or town) Marburg, (State or country) Germany	Other Contributery Causes of importance: Charrie modelies Duration in not stated Name of operation What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Catherine Hook 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Anna Beck, (Address) 3002 Northway Drive	23. If deeth was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Cem. Oeta June 30 ,19 37	Manner of injury
19. UNDERTAKER Frederick Toursalm Nav. (Addrass) 7401 Belair Road	24. Was disease or injury in any way related to occupation of decaased? 200 If so, specify 4. 2. Poullou

Registrar.

(Address) 3.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	1	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory danses of importance;	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis A CONTROL	3 days ago
Other contributory causes of importance:	May 1, 1923	Other contributory causes of importance:	1 year
Gaustones	Muy 1,1320	Gustoenteitus	1 year
	A _{LC}		

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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=05

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6351	
1. PLACE OF DEATH		
County Baltimore	Registration Dist. No. 34	
Village or City MM. Carrel		
(If	death occurred in a hospital or institution, give its NAME instead of street and number)	Ward
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. If of foreign birth?yrsmos	ds.
2. FULL NAME Harry looker Be	elf	
(a) Residence: No.	St., Ward.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH	
Male White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yee)	37
5a. If married, widowed, or divorced HUSBAND of Co. WISE of S. S. C	(100)	
(00) MISS of Elizabeth Cale	1 HEREBY CERTIFY, That I ettended deceased	4 4
6. DATE OF BIRTH (month, day, and year) alw 6-1879		
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10.3 m.	s said
5-8 1 19 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8. Trade, profession, or particular	were as follows:	nset
kind of work done, es SPINNER, Harris SAWYER, BOOKKEEPER, etc.	Lotar Commona	7/
9. Industry or business in which work was done, as SILK MILL, Secondary January	A Comment of the Comm	<u>/</u>
De Date deceased last worked at this occupation (month end level 10) 11. Total time (years) 25 pent in this occupation occupation		
	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)		
1 13. NAME Waller H. Bull		
(State or country)	Name of operation Date of	
15. MAIDEN NAME Masse HI Herry Lange	Whet test confirmed diagnosis? Wes there an eutopsy?	
IS BIDTIDI ACT (CA AND A)	23. If death was due to external causes (VIOLENCE) fill in elso the following:	
16. BIRTHPLACE (city or town) \ (State or counlry) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Accident, suicide, or homicide?, 19 Where did Injury occur?, 19	
17. INFORMANT & Eliveleth Bull	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
(Address) Jul Burnel , Wid		
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury	
place Camel Ceca Date June 28, 1937	Nature of Injury	
19. UNDERTAKER Telle Chipton	24. Was disease or injury in any way related to occupation of deceased?	
(Address) Humpstepd Mid.	If so, specify	
20. FILEDJune 26, 19) Eingene Fallan	(Signed) Mary Mary Market (Address)	M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	ample I		Example II		
The principal cause of deat of importance were as follows:	h and related lauses	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	302 7 1931	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V.	Faly 5, 1927	Peritonitis	3 days ago	
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

TION is very important. See instructions on back of certificate.

6352

County Baltimore Village or City Mt. Wilson No. Tuberculosis Sanatorius (If death occurred in a hospital or institution, give its NAME instead of street Length of residence in city or town where death occurred O yrs. 5 mos. 9 ds. How long in U.S. if of foreign birth? 2. FULL NAME Rose Burgess (a) Residence: No. 13 Poplar Avenue, (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	t,Ward
Village or City Mt. Wilson (If death occurred in a hospital or institution, give its NAME instead of stree Length of residence in city or town where death occurred O yrs. 5 mos. 9 ds. How long in U.S. if of foreign birth? yrs. 2. FULL NAME Rose Burgess (a) Residence: No. 13 Poplar Avenue, St., Ward. Arbutus, Maryl (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARIED, WIDOWED, ST. DATE OF DEATH	t,Ward
Length of residence in city or town where death occurred O yrs. 5 mos. 9 ds. How long in U.S. if of foreign birth? yrs. 2. FULL NAME Rose Burgess If U.S. Veteran, specify WAR. (a) Residence: No. 13 Poplar Avenue, St., Ward. Arbutus, Maryl (Usual place of abode) If nonresident give city or town PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH	t and number)
(a) Residence: No. 13 Poplar Avenue, St., Ward. Arbutus, Maryl (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARIED, WIDOWED, OR DEVICACE OF DEATH 21. DATE OF DEATH	
(a) Residence: No. 13 Poplar Avenue, St., Ward. Arbutus, Maryl (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARGUE, WIDOWED, OR PARAMETER, WIDOWED, OR P	- CONTO
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH	
OR DIVORCED (- in the word)	
Female White Married June (Month) (Day)	, 193. ⁷⁷
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Melvin E. Burgess 22. I HEREBY CERTIFY. Thet latte	
January 7th, 1937, to June 16. 6. DATE OF BIRTH (month, day, and year) Sept. 22, 1911 last saw her elive on June 16 19	
7. AGE Years Months Days If LESS than to have occurred on the date stated above, at 12.45 m. M. The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8 Trade profession or particular	Dats of onset
kind of work done, as SPINNER, Housewife	
kind of work done, as SPINNER, Housewife SAWYER, BOOKKEPPER, etc. Pulmonary Tuberculosis work was done, as SPINNER, Housewife Pulmonary Tuberculosis SAW MILL, BANK, etc.	1936
10. Date decased last worked at this occupation (month and year) - 11. Total time (years)	
12. BIRTHPLACE (city or town) Baltimore, Character Contributory Causes of importence: Contributory Causes of importence: Contributory Causes of importence:	Jan.
	1937
13. NAME Frank Dumps Name of operation Name Date	e of
	In sputu
15. MAIDEN NAME Anna Sellner 23. If death was due to external causes (VIOLENCE) fill in elso the fol Accident, suicide, or homicide? Contact the con	, 19
(Specify city or town, county a Specify whether injury occurred in INDUSTRY, in HOME, or in PUBL (Address) Mt. Wilson, Md.	nd State) IC PLACE,
18. BURIAL, CREMATION, OR REMOVAL Place Holy Tedermer Cempate June 19., 1937. Nature of injury	
19. UNDERTAKEN Leonard Ruck . (Address), 530.5 Harfors Rd. Balto Wd 19. UNDERTAKEN Leonard Ruck . 19. UNDERTAKEN Leonard . 19.	d? NO
20. FILED 6/16 , 1937 Shank Spalding (Signed) 10 M. Ju Registrati (Address) Mt. Wilson, Md. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I	- H	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributors causes of importance:	
Gallstones	May 1,1923	13 8	1 year
		22 2	

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

(Address)

ARGIN RESERVED FOR BINDING

V. S. No. 1

8

	STATE OF MARYLAND-	CERTIFICATE OF DEATH	6353
1. PI	LACE OF DEATH	(23)	
C	County Dallings	Registration Dist. No. 30	
٧	lillage or City Calangelle	NoSt.,	Ward
		death occurred in a hospital or institution, give its NAME instead of street and r	
2. FI	ULL NAME Franh Beychmann a) Residence: No. 15 Beslal Jane (Osual place of abode)	(Rushinan) Spanish was rel St., Ward If nonresident give city or town and	eau
F	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	, 193 7 (Year)
HU:	of Birth (month, day, and year) Alex 5- 1878	22. HEREBY CERTIFY, That I attended Seff 15 ,1936 , to 18 17 ,1937	deceased from
7. AGE	OF BIRTH (month, day, and year) Years Months Days If LESS than	to have occurred on the date statet above, at	.; death is said
5-	8 6 10 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
CUPATI	Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Ruhmanay Luberculosis	Sept 1936
12. BIRT	HPLACE (city or town)	Other Contributory Causes of importance:	
	0		
E	SIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Pluy Sical Was there an a	
œ 15. 1	MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following	
15. I	SIRTHPLACE (city or town) Server (State or country)	Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
	RMANT hus Frank Beischnedam.	(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL/	e) ACE.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Manner of injury

If so, specify

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	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street co	1 week ago	
July 5, 1927	Perilonitis	3 days ago	
	A Marie		
	Other contributory causes of importance		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street co July 5, 1927 Peritonitis Other contribution, causes of importance:	

B \ddot{z}

STATE (OF	MARYL	AND-	CERTIFIC	CATE	OF	DEAT	H
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- 1	7.5	(;)	4
6	1		de

County BALT IMORE Village or City ITALET NORPE.		Desistantian Dist. III. /	,	
Village or City HAI = + NO RDA.		Registration Dist. No. 42		
Village of Orty		At-		
Length of residence in city or town where death occurred	(If .yrsmos.	death occurred in a hospital or institution, give its NAME instead of stree ds. How long In U.S. if of foreign birth?	t and number)	
2. FULL NAME VEVA . H. CAS				
(a) Residence: No. HALETHORPE. (Usual place of ab		St., Ward. If nonresident give city or tow	n and State	
PERSONAL AND STATISTICAL PARTICU	LARS	MEDICAL CERTIFICATE OF DEAT	ГН	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED OR DIVORCED (w	vrite the word)	21. DATE OF DEATH	193 7	
	= D	(Month) (Day)	(Year)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of EDWARD W. CASSO/	v.	22. I HEREBY CERTIFY, That I atte		
6. DATE OF BIRTH (month, day, and year) JUNE 15,	1855	I last saw h alive on		
7. AGE Years Months Days	If LESS than day,hrs.	to have occurred on the date stated above, at		
9 Trade profession or particular		were as rollows.	Date of onse	
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEFPER, etc	15	Chining Munas St.	~	
9. Industry or business in which				
work was done, as SILK MILL, SAW MILL, BANK, atc		with artinin Actionsis	1937	
O 10. Oate deceased last worked at this occupation (month and year) occupation (coupaid)				
12. BIRTHPLACE (city or town) State or country) SY 1 C 141 & AV		Othar Contributory Causes of Importance:		
Ξ		Name of according		
14. BIRTHPLACE (city or town) (Stata or country) [4] CIT GAN		Name of operation Date		
	v.C	What test confirmed diagnosis? Was ther		
I AVEDE GIETIFE	N	23. If death was dua to external causes (VIOL ENCE) fill in also the fol		
State or country)		Accident, suicide, or homicide? Date of injury	, 19	
17. INFORMANT SMALL WOOD L, WOLFE	,	Whera did injury occur?(Specify city or town, county an Specify whether injury occurred in INDUSTRY, in HOME, or in PUBL	d State) IC PLACE.	
(Address) SELMA + BIDGE NUC-		44		
Place EASTON MD Date JUNE	17,193>	Mannar of injury Nature of injury	•••	
19. UNDERTAKER from Willying (Address) 2008 Pilene At	**	24. Was disease or injury in any way related to occupation of decease	d? 710·	
20. FILED 16, 1937 Tarlief	Registrar.	(Signed) WS Jarson (Address) Fall thryas	M. I	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Evample I

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Evample II

Likampie 1		Train pte 11		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and relat of importance were as follows:	ed causes Date of onset	
Arteriosclerosis	1915	Attack of epileps	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car 'S A	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis 4881 7, 700	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance		
Gallstones	May 1,1923	Gastroenteritis	1 year	

PHYSICIANS should state CORD. Every item of infor-Exact statement UNFADING INK-THIS IS A PERMANENT RA mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

B. WRITE PLAINLY,

V. S. No. 1

TION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLA	CE OF DEATH	1	1 1/1/ 11		OLIVINIONIE V		
	nty Delk	ingon	,		23	Registration Dist. No.	6
	age or City UBOW	OOD SA	NATORIUM	TOWSUN.	MD, No.	- registration Dist. No	
VIIId	ige of City DID IV	אמעאמ.	MAIOME	(If	death occurred in a hospital or instituti	ion, give its NAME instead of street a	nd number)
Leng	th of rasidence in city	or town whare	death occurred	yrsmos	ds. How long in U.S. if of	foreign birth?yrs	_mosds.
2. FUL	L NAME &	oren	ce Cas	terlin	If U.S. Veteran specify	WAR	
(a)	Residence: No.	11281	V. Vum		St., Ward. Bal	assisse med	10
PE	RSONAL AND	STATIST			MEDICAL CE	If nonresident give city or town ERTIFICATE OF DEATH	
3. SEX	4. COLOR			RIED, WIDOWED,	21. DATE OF DEATH		•
1	IN	/		D (write the word)	June	. 4	193.7
5a. If marrie	ed, widowed, or divorce	d	- Jung	Ce		(Month) (Day)	(Tear)
HUSBA (or) W	ND of		O		22. I HEREBY	CERTIFY, That I attend	led deceased from
(07)					appeal 30.	19. 3.7, to June	4 , 193.7
6. DATE OF	BIRTH (month, day, a	nd year)	Eug 7, 1	1913	I last sawn alive on	June 4 , 193	7_; death Is said
7. AGE	Years	Months	Days	If LESS than	to have occurred on the data stated	l above, at 11.45A m.	
	23	9	29	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH	H and related causes of importance	1
Z 8 Trad	de, profession, or partic kind of work done, as	cular	, -		Reslens	rary 1.BC.	Date of onset
-	SAWYER, BOUKKEEPE	K, etc	Secreta	4		1	7,10
A Indu	ustry or business in w work was dona, as SIL SAW MILL, BANK, etc.	hich K MILL, 10/	ot maste	Preshoteria		V	
0 10	SAW MILL, BANK, etc. a deceased last worked		o / grasu	1 1 1 1			
O To. Data	this occupation (month	and z	II. Iotal	ime (years) nt in this upation 2 1/24			
	year) Assepta	7.2.	00:	upation	Other Contributory Canses of impor	tance:	
	LACE (city or town)	Mo	acce				
1	te or country)	n	- ouse	- 1			
13. NAM	ME	Brue	e Casle	rline			
	THPLACE (city or town	n. m	hele		Name of operation	Data o	
	(State or country)	Q	misson	n	What test confirmed diagnosis?	Y May Was there	an autopsy?
T	DEN NAME	azel	Jones		23. If death was due to external caus	ses (VIOLENCE) fill in also the follow	
	THPLACE (city or town	OP	aduca	2	Accident, suicide, or homicide?	Date of injury	, 19
	(Stata or country)		Kentuck	2	Where did injury occur?	***************************************	
Perso		oryn	ospital	Record	Specify whether injury occurred in	(Specify city or town, county and INDUSTRY, in HOME, or in PUBLIC	State) PLACE.
	dres Dudowood	Sana	torium,	rowson, Md	•		
	CREMATION, OR REM	OVAL/	10	1/4/	Manner of injury	***************************************	
Place	elbouland, l	Masse KA	Date	19.37	Nature of Injury		
19. UNDERTA	AKER 4/23	Coop	n An		24. Was diseasa or injury in any wa	y related to occupation of deceased?	
	ress) /2/7 /	V. 0	stell st	1/	If so, specify		
20 5115	40 59 3	7 /11	YOUN IN	las Him	(Signed)	4 Bridges	м. р.
20. FILER	19.	1	19 pull	M Registrar.	(Address)	Powson, Md	
U		If more	blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Req	westing U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street our	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis / / /	3 days ago	
		100		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		7		

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10 111	plnou	000	1	Name and Address of the Owner, where
771	20	Jo.	1	
tine nicia	IYSICIANS	statement	1	
TAT	. PI	Exact		
N. D. WILL LARLIS, WILL CONTADING INK - IIIS IS A LEMBRICAL MISSING WILL BOOK OF THE STREET	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA		
7 4 07	stated E	properly	TION is very important. See instructions on back of certificate.	
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TO LOW	plnods	OFD	s very	
- VY INT T	mation	CAUSE	TION !	
- P	1)		

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6356
County Sallo.	Registration Dist. No. 3
Village or City. Junorum	No. St. War
2. FULL NAME Edward Council	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign blrth?mosd If U.S. Veteran, specify WAR
(a) Residence: Not unoquin (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE S. SINGLE MARRIED, WIDOWED, OR DIFORCED (partie the word)	21. DATE OF DEATH (Month) (Day) (Year)
n. If married, widowed, or divorced HUSBAND of (or) WIFE of	1 HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (month, day, and year) Quy, 13 1902 AGE Years Months Days If LESS than 1 day, hrs. or min.	Vi last saw have alive on last each last saw have accurred on the date streed above, at 3 m. The PRINCIPAL CAUSE OF DEATH and related causas of importance were applicable. Date for say have to be a possible or say the same and the same a
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this preparation (month and second in this second i	Culmonary Miller cules
10. Date deceased last worked at this occupation (month and yaar) 11. Total time (years) spant in this occupation	
(State or country) (State or country)	Other Contributor Causes of importance:
13. NAME Philip Corry ell 14. BIRTHPLACE (city or town) Irlland (State or country)	Name of operation
	What test confirmed diagnosis? One was there an au'opsy?
15. MAIDEN NAME Margara (3 Melli 16. BIRTHPLACE (city or town) (State or country) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
7. INFORMANT Miss Valle 6 Reill (Address) Jamosenson Rock	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Court Place May Calhedral Date July 3 193	Manner of injury
19. UNDERTARE UMY Hock Sing Sho (Addressy 36/15, Eagres St	If so, specify
20. FILED Helf 1 , 13.7 Conference of Registrar.	(Signed) (Address) 223 (Address) 223 (Address) 223 (Address) 235 (Address) 2411 N. Charles Street, Balimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance; S. Gallstones		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

0 901	ADDITIONAL SPACE FOR FURTHE	ER STATEMENTS BY PHYSICIAN
Dr. Morger	Chidegel.	ER STATEMENTS BY PHYSICIAN
3225 Jule	on lor	
-		

V. S. No. 1

County Dallander County Dallander Da	STATE OF MARYLAND	-CERTIFICATE OF DEATH 6357
Village or City Jetzelle Seller Selle	1. PLACE OF DEATH	116
Length of residendaria city or town where death occurred. Length of residendaria city or town where death occurred. 2. FULL NAME Will American Control of the Control of	County Bellemore.	Registration Dist. No.
Length of residental in city or town where death occurred. Length of residental in city or town where death occurred. 2. FULL NAME. Williams Charles Grand Manuer Grand Manue	Village or City aree Creek. Sparing O.	X. Helno. St., Ward
2. FULL NAME IN ILLUMING Church (a) Residence: No. Sety Augusta (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX		
(a) Residence: No. Bety Ward. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARKIED, WIDOWED, OR BUYDRCED (write the word) OR BUYDRCED (write the word) 5.8. If married, vidowed, or divorced (Month) (Day) (Wonth) (Day) 193. 7. AGE Years Month Days If LESS than 1 (day	Length of residents in city or town where death occurredyrs	mosds. How long in U.S. if of foreign birth?yrsmosds.
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 6. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or min. or min. or min. or min. sor	2. FULL NAME Treliner Charles Gras	e Ju.
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DEVORCED (write the world) 5. If married, widowed, or divorced (WUSAND Or	(a) Residence: No. Bety avenue.	
21. DATE OF DEATH Second	1	
Moll. While of the word of the		
5a. If married, widowed, or divorced HUSBAND or (or you're dead husband or dead h	OR DIVORCED (write the word)	
HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) Sept. 9, 1923. 7. AGE Years Months Days If LESS than I day,	Male. While Surge.	190
South of Birth (month, day, and year) South of Work (dong, as Spinker, dong, dong, as Spinker, dong,	HUSBAND of	22 I HERERY CERTIEY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I dayhrs. ormin. 8. Trade, profession, or particular kind of work dona, as SPINNER, SWYER, BOKKEPER, etc 9. Industry or business in which work as done, as SILK MILL, SAW MILL, BANK, etc 10 Date deceased last worked at this occupation (month and year) 110 Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) State or country) 13. NAME Purch Charles Charles Accidant, suicide, or homicide? 14. BIRTHPLACE (city or town) Cistate or country) 15. MAIDEN NAME Multh Accidant, suicide, or homicide? Specify city or town, county and State) 17. INFORMANT (Address) Accidant, suicide, or homicide? Specify city or town, county and State) Specify whether injury occurred in MOUSTRY, in HOME, or in Public Place. Manner of injury	(or) WIFE of	
7. AGE Years Months Days If LESS than 1 day	2 DATE OF DIDTE (worth down and was fall 9 19.2.2.	
8. Trade, profession, or particular kind of work done, as SPINNER, short were as follows: 8. Trade, profession, or particular kind of work done, as SPINNER, short were as follows: 9. Industry or business in which work was done, as SPINNER, steel this occupation (month and year) 11. Total time (years) spant in this occupation (month and year) 12. BIRTHPLACE (city or town). Dallanary, Maryland. (State or country) 13. NAME Industry or business in which work was done, as SILK MILL, SAW MILL, BRAIK, etc. 14. BIRTHPLACE (city or town). Dallanary, Maryland. (State or country) 15. MAIDEN NAME Maryland. (State or country) 16. BIRTHPLACE (city or yown). Dallanary, Maryland. (State or country) 17. INFORMANT (State or country) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury		
8. Trade, profession, or particular kind of work dona as \$PINNER, \$AWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as \$ILK MILL, \$AW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town)	2 1 1 day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
SAVER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAX MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) Ballungue, Manyland (State or country) 13. NAME Value Charles Crass. 14. BIRTHPLACE (city or town) Ballungue, Manyland (State or country) 15. MAIDEN NAME Parties Crass. 16. BIRTHPLACE (city or town) Ballungue, Manyland (State or country) 17. INFORMANT (State or country) 18. BURIAL, CREMATION, OF REMOVAL Manner of injury Cocur? Manner of injury Cocurry Manner of injury Cocurry (Specify city or town, count) and State) Specify whether injury occurred in MDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Manyland Manner of injury Manyland (Specify city or town, count) and State) Manner of injury Manyland		were as follows:
12. BIRTHPLACE (city or town) Ballemene, Manufact. (State or country) 13. NAME In Invent Charles Orace. 14. BIRTHPLACE (city or town) Ballemene, Haryhard. (State or country) 15. MAIDEN NAME Metalle Orace. 16. BIRTHPLACE (city or town) Callemene, Manufact. (State or country) 16. BIRTHPLACE (city or town) Callemene, Manufact. (State or country) 17. INFORMANT (Address) Cate (Address) Ca	kind of work dona, as SPINNER,	a parmy your
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12. BIRTHPLACE (city or town) Dalleware, Manufact. (State or country) 13. NAME		Other Contribution Contributions of Importance
13. NAME Winer Charles Cross. 14. BIRTHPLACE (city or town) Ballenser, Harryland (State or country) 15. MAIDEN NAME Myther Grant Charles Cross (State or country) 16. BIRTHPLACE (city or town) Ballenser, Maryland (State or country) 17. INFORMANT (State or country) 18. BURIAL, CREMATION, OF REMOVAL 19. Manner of injury occurred in INDUSTRY, in HOME, or, in PUBLIC PLACE. Manner of injury Ma	12. BIRTHPLACE (city or town) Ballemore, Maryland	Other Coursbutory Causes of Importance:
What test confirmed diagnosis? 16. Was there an autopsy? Address Confirmed diagnosis? 16. Was due to external causes (VIOL ENCE) fill in also the following: Accidant, suicide, or homicide? Confirmed diagnosis? 16. BIRTHPLACE (city or fown). Callender Maryfact. Accidant, suicide, or homicide? Confirmed diagnosis? 17. INFORMANT Confirmed diagnosis? 18. BURIAL, CREMATION, OR REMOVAL Manner of injury occur? Confirmed diagnosis? 18. Was there an autopsy? Address Confirmed diagnosis? 18. BURIAL, CREMATION, OR REMOVAL Manner of injury occur? Confirmed diagnosis? 18. Was there an autopsy? Address Confirmed diagnosis? 18. BURIAL, CREMATION, OR REMOVAL Manner of injury occur? Confirmed diagnosis? 18. BURIAL, CREMATION, OR REMOVAL Manner of injury occurred in UNDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury M		
What test confirmed diagnosis? 10. What test confir	13. NAME Wilmer Charles Crass.	
What test confirmed diagnosis? 16. Was there an autopsy? Address Confirmed diagnosis? 16. Was due to external causes (VIOL ENCE) fill in also the following: Accidant, suicide, or homicide? Confirmed diagnosis? 16. BIRTHPLACE (city or fown). Callender Maryfact. Accidant, suicide, or homicide? Confirmed diagnosis? 17. INFORMANT Confirmed diagnosis? 18. BURIAL, CREMATION, OR REMOVAL Manner of injury occur? Confirmed diagnosis? 18. Was there an autopsy? Address Confirmed diagnosis? 18. BURIAL, CREMATION, OR REMOVAL Manner of injury occur? Confirmed diagnosis? 18. Was there an autopsy? Address Confirmed diagnosis? 18. BURIAL, CREMATION, OR REMOVAL Manner of injury occur? Confirmed diagnosis? 18. BURIAL, CREMATION, OR REMOVAL Manner of injury occurred in UNDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury M	14. BIRTHPLACE (city or town) Baltimore, Harrylan	Nama of operation Data of Data of
17. INFORMANT (Specify city or town, county and State) 18. BURIAL, CREMATION, OF REMOVAL Manner of injury Where all injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Manner of injury	(State of country)	What test confirmed diagnosis? To Vancoulus Was there an autopsy? Ka
17. INFORMANT (Specify city or town, county and State) 18. BURIAL, CREMATION, OF REMOVAL Manner of injury Where all injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Manner of injury	15. MAIDEN NAME Mehtle greve Casel.	23. If death was due to external causes (VIOL ENCE) fill in also the following:
17. INFORMANT (Specify city or town, county and State) 18. BURIAL, CREMATION, OF REMOVAL Manner of injury Where all injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Manner of injury	16. BIRTHPLACE (city ortown) Bultimore Martha	Accidant, suicide, or homicide?
17. INFORMANT Falker Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Cata Angul Souls Cull Manner of injury Manner of inju	≤ (State or country)	Where did injury occur? Sus Annual ()
(Address) Orta Anguel Janes Creek. 18. BURIAL, CREMATION, OF REMOVAL Manner of injury Manner of injury Manner of injury	INTERPRETATION OF THE PROPERTY	(Specify city or town, county and State) Specify whether injury occurred in UNDUSTRY, in HOME, or in PUBLIC PLACE.
1 Mit Varmel 1 4 6/10 10 37	2-1	In Swimmery
Place Mi Claring Date 6/10, 19-37 Nature of injury		
	Place Mc Claring Date 6/10, 19.	Nature of injury
24. Was disease or injury in any way related to occupation of deceased? No	John S. Connells	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address) (Address) (Address) (Address) (Address) (Address)		
20. FILED 6/8 1937 John G. Connelle (Signed) Howard a Foulk M. D.	20 EUED 6/8 1037 John G. Connell	7/ 10 6 00

Registra If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite teems as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	Î	Example II	
The principal cause of importance were a	of death and related causes sfollows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	JUL 3 1997	1915	Attack of epilepsy	1 week ago
Chronie interstitial nepi	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MUMEAU V S	July 5,1927	Peritonitis	3 days ago
	The state of the s			
Other contributory ca	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
	The second secon			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	A	J			١	A		ľ	I]	1	,	1	7	7	7	7	7	7	7	,	,	,	,	1	,	,	,	,	7	J			(((1	ĺ	J	į,	5	75	2	-	ľ)		Į	ŀ	1	3	I]		7	Y)	1	}	B]	1	ļ	3	2	1	ſ	1	,	ł	1	1	J	C	E	I	J	I	1	N	1	3	F	1	I	-	Ĭ	A	2	[I	-	S	5	-		₹	ŀ	1		Ξ	E]	[H]	1		I	ŋ	?	R	Į]	J	J		Ĺ	Į	1	1	1	4	7	1	1	ŀ	ŀ	ŀ	ŀ	ŀ	I]]							Š	₹	}		ľ]
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V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH	6358
1. PLACE OF DEATH	GUD)	
County Balto	Registration Dist. No. 33	P. C.
Village or City Rustustown Md	No. St.	Ward
(II	death occurred in a hospital or institution, give its NAME instead of street and n	number)
Length of residence In city or town whera death occurredmos	ds. How long in U.S. If of foreign blrth?yrsmo	osds.
2. FULL NAME The unda Cumingh	If U. S. Veteran, specify WAR	**********
(a) Residence: No. Wordensburg	St.,Ward.	
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
OR DIVORCED (wrige the word)	June 25	, 193
5a. If married, widowed, or divorced	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I ettended	deceesed from
Jan Jo. Cunning pain	June (2/3), 10 June 23	197
6. DATE OF BIRTH (month, day, and year) July 20 1890	1/130/1	; deeth is sald
7. AGE Years Month's Deys If LESS than 1 day,hrs.	to have occurred on the date stated ebove, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
7 / / J ormin.	were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER,		1/20/2
S. Irade, profession, or particular to the kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and this occupation	Cournay Journa	6/200
work was done, as SILK MILL, Housewook SAW MILL, BANK, etc.		· //
10. Date deceased last worked at this occupetion (month and spent in this	9	
year) occupation occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)	Augentimonat	
(State or country)	far servoreron	
13. NAME C. C. Feilch		-
13. NAME C. C. Leilch 14. BIRTHPLACE (city or town) Md	Name of operation Date of	
(State of Country)	What test confirmed diagnosis? Was there en e	eutopsy?
15. MAIDEN NAME Josephine If and	23. If death was due to external causes (VIOL ENCE) fill in elso the following	
[16. BIRTHPLACE (cit(of town)	Accident, suicide, or homicide? Date of Injury	, 19
(State of Country)	Where did injury occur?(Specify city or town, county and State	e)
17. INFORMANT Custastour Mid	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PL/	ACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Plece Mt. Gilead Date June 27, 1937	Nature of injury.	
VF Eline House	24. Was disease or injury in any way related to occupation of the ceased?	
19. UNDERTAKER (Address) (Sugaratoria Mand.	If so, specify	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of Importance:	
May 1,1923	Gastroenteritis	1 year
	18/12 18/192	To teat ()
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Date of onset	m	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

JRD. Every item of infor-

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

TION is very important. See instructions on back of certificate.

-WRITE PLANKLY, WI

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6360
1. PLACE OF DEATH	24
County Baltimore Gount	Registration Dist. No. 4 4
Village or City Otumes and	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME John Thomas, De	esus
(a) Residence: No. Back River nich Rd. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OB RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH June 5 - , 193. 7
5a. If married, widowed, a divorced	(Month) (Day) (Year)
HUSBAND of More anna Deems	22. I HEREBY CERTIFY That I attended deceased from
C DATE OF RIBTH (Hast saw have alive on June 15 , 1937; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6:30 P.m.
525 4 26 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Til San in
Andustry or business in which	percular Menuster 1/37
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. SINDUSTRY OF business in which work was done, as SILK MILL. SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	100
10. Date deceased last worked at this occupation (month and year) spent in this occupation 274v	
12. BIRTHPLACE (city or town) Blits md.	Other Contributory Causes of importance:
(State or country)	
13. NAME for formas deems	
14. BIRTHPLACE (city or town) / Bulle Ind	Name of operation Date of
(State or country)	What test confirmed diagnosis? Clu guilling Was there an autopsy? 200
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOL ENCE) All in also the following:
o 16. BIRTHPLACE (city or town) Jasto Mad-	Accident, suicide, or homicide?, 19, 19,
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Goselle Means	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place dew Cottached Date from &, 19.3.	Nature of injury
19. UNDERTAKER Lames 1 Brug of smipe	24. Was disease or injury in any way related to occupation of decaased?
(Address) 3/10/Ellast	If so, specify
20, FILED Drue 6 19 7 July S Connelly	(Signed) M.D.
Registrar.	(Address) 6 warp, Mil

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other continuous causes of importance:	
Gallstones	May 1,1923	Gastrodationis	1 year
		7 2 3	

ADDITIONAL SPACE FOR FURTHER STATEMENTS

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-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-	CERTIFICATE OF DEATH 63	61
1. PLACE OF DEATH		
County Baltimore	Registration Dist. No. 28	
Village or City & alewylode,	No. St., death occurred in a hospital or institution, give its NAME instead of street and numb	Ward
Length of rasidence in city or town where death occurredyrsmos		ds.
2. FULL NAME Mannie Elizabeth de	offler U. S. Veteran, specify WAR NO.	
(a) Residence: No. 6502 Grestwood Dog (Usual place of abode)		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	7
Temale While marked 5a. If married, widowed, or disporced of	(Month) (Day)	(Yéar)
HUSBAND of John Co. Lorder.	220 I HEREBY CERTIFY. That I attended dece	easad from
0.1026/ 1821	June 4 m, 1937, to June 4 2	19 3 7
6. DATE OF BIRTH (month, day, and year) July 2 by 1873	I last saw h. A alive on Juste 45 , 1937; de	eath is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated abova, atm.	
63 10 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	1 1 1
8. Trada, profession, or particular kind of work dona, as SPINNER, house wife SAWYER, BOOKKEEPER, etc.	mana Thromboo	time
kind of work dona, as SPINNER, house wife SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and	- States of the state of the st	Rt 19
10. Data deceased last worked at this occupation (month and spent in this occupation coupation coupation		
12. BIRTHPLACE (city or town) New York & ity	Other Contributory Canses of importance: . Reveral Calery Rollins	
(State or country)		
13. NAME Come, Wellor.		
14. BIRTHPLACE (city or town) England	Name of operation Data of	
L. (Stata or country)	What test confirmed diagnosis? Pyrical Rind Way there an autop	nsv?
15. MAIDEN NAME May Co, Tagg, 16. BIRTHPLACE (city or town) Balto Ollo	23. If death was due to extarnal causes (VIOLENCE) fill in also the following:	
O 16. BIRTHPLACE (city or town) 13 444 0 0 0 0 0	Accident, suicida, or homicide? Data of injury	, 19
-) (State of country)	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT Of Many Conflex, (Address) In Conflex Batto Conf	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Wrovidence Md, Date June 4, 193	Nature of injury	
19. UNDERTAKER Of M Suras Sons	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED LINE 5 , 1937 W SALLE MAN FOR	(Signed) Daugh of the Mrs. Junes (Address) Dauson, ons	M. D
If more planks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

V. S. No. 1

N. B.-WRITE PLAI

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		AD MARKET	1
Other contributory causes of importance:	1 - 1 - 1	Other contributory causes of impropance:	(0)
Gallstones	May 1,1923	Gastroenteritis	1 year
		1.10	1
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STATE	OF	MARYI	AND-CERTIFICATE OF DEATH	
SIAIL	OF	MAKIF	AND CERTIFICATE OF DEATH	Г

1	10	9	10	O	
-	1	3	U	2	

1. PLACE OF D	EATH			(106-9)
County Baltimore				Registration Dist. No. 43
Village or City Kenwood - Raspalusg			lrus	No. Shady Spring Ave. st, Ward
			_ (/ ()!	(If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME	John F.	Doyle		If U. S. Veteran, specify WAR
(a) Residence: N	lo. Shady S	pring A		St.,Ward. If nonresident give city or town and State
PERSONAL	AND STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. 6	White	OR DIVORCE	RIED, WIDOWED, D (write the word) PPIO	21. DATE OF DEATH June 27th, 193 7 (Month) (Day) (Yeer)
5a. If married, widowed, or HUSBAND of (or) WIFE of	ertrude D	oyle		1 HEBE, BY CERT FY, That I ettended deceased from
6. DATE OF BIRTH (mont	h, dey, and year) Fe	b. 2nd.	1886	t lest saw h Jenjelive on 6 1/2 6 ,1937; death is sald
7. AGE Years	Months	Deys	If LESS then	to heve occurred on the dete stated above, et .1.2:55 mA . M .
51	4	25	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
kind of work done, as SPINNER, Painter SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, House Painting SAW MILL, BANK, etc. 10. Dete decessed last worked et this occupetion (month and yeer) 11. Total time (years) spent in this occupetion.			me (years)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or to (State or country)	Md.			lagerer he in
II II NAME Joh	n F. Doyl	9		syncope 18the
	ortown) Balt			Name of operation
(State of com	10			What test confirmed diegnosis? Was there en eutopsy?
15. MAIDEN NAME Ida V. Myers 16. BIRTHPLACE (city or town) Balto. (State or country) Md.				23. If death was due to externel causes (VIOLENCE) fill In also the following: Accident, sulcide, or homicide?
17. INFORMANT Mrs. Gertrude Doyle (Address) Shady Spring Ave.				(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Dete June 30, 19 37				Menner of injury Nature of injury
19. UNDERTAKER Freduich Large his whom (Address) 7401 Belair Road			-low	24. Was disease or injury in any vey releted to occupetion of deceased? If so, specify
20. FILED 6/29, 1937 9, a. Futy MD. Registrar.				(Signed) M. D. (Abytress) 31) Colombia M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

li	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Data of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance;	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance;

Date of onset

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done, 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative." etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilipsi	1 week ago
Chronic interstitial nephritis	1921	Run over by street on the	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		16 B)	
Other contributory causes of importance:		Other contributer causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		. 8	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6364
1. PLACE OF DEATH	(131)
County Daftmary	Registration Dist. No.
Village or City flerry fall	No. St., Ward
Length of residence In city or town where deeth occurred	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. If of foreign birth?mosds.
2. FULL NAME / Classification Carolin	il cissele
(a) Residence: No Change (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Many	21. DATE OF DEATH 6 193 7
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of William Karl Eissele	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) Quela 31 1867	/ last saw her elive on Jame 6 1937 death is said
6. DATE OF BIRTH (month, day, end year) 3 167 7. AGE Years Months Days If LESS than	last saw here elive on frame from 19 3/; death is said to have occurred on the date saided above, et. T. P. m.
19 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were es follows: Date of onsat
kind ol work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Artenila diacase
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and	- Comment Comment
70. Pata deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Leweny	Other Contributory Causes of importance:
(State or country)	Negleti- Series des-
13. NAME Frederick Hein	parameter of the species of
14. BIRTHPLACE (city or town) Lemany	Name of operation
(State or country)	What tost confirmed diagnosis? Chriscay Wes there an au'opsy 200
15. MAIDEN NAME adelheit letzold 16. BIRTHPLACE (city or town). Dermany	23. If death was due to external causes (VIDLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Deundry	Accident, suicide, or homicide? Date of injury, 19
∑ (State on country)	Where did injury occur?
17. INFORMANT Julius C Eisselle (Address) Leonals Chapel R. Perny Hall m	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Wells Date June 8, 1937	Nature of injury
19. UNDERTAKER Mathin W.C. Wiffel	24. Was disease or injury in any way related to occupation of deceased?
1/2 22 812 -	(Signed) Municipal (Signed)
20. FILED D. 193 . A. M. Registrar.	(Address) Assertion Publication

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		19/	

MARGIN RESERVED FOR BINDING

V. S. No. 1

ż

Exact statement of OCCUPA. UNFADING INK-THIS IS A PERMANENT RE AGE should be stated EXACTLY. properly classified. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. TION is very important. WRITE-PLA

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6365
1. PLACE OF DEATH	93-2
County Salls Co Hla	Registration Dist. No. 31
Village or City Matter Carmes	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Mary Backn Ellis	If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 4. COLOR ØR RÆCE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RICE 5. SINGLE, MARRIED, WIDOWED, OR, DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yang)
5e. If married, widowed, or divorced Husband of (or) WHE of	22. I HEREBY CERTIFY, That I attended decaased from
July 20 (W/	June 1, 1937, 10 feere 23, 19-27
6. DATE OF BIRTH (month, day, and year)	I last saw heliva on
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated allova, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were es follows: Date of onset
8. Trade, profession, or particular kind of work dona, as SPINNER, A Normal SAWYER, BOOKKEEPER, etc	Cercla of the make and 6/4/2
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at	
10. Date deceased last worked at this occupation (month and year) occupation occupation	
12. BIRTHPLACE (city or town)	Other Catributary Causes of Importance:
(State or country) M Carry	Mr. en eleved Centeria- Ecleron
13. NAME Wilter Bacon	
14. BIRTHPLACE (city or town) 13 lb	Name of operation Date of
IS. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) 3 15 16 (State of country)	Accident, sulcide, or homicida?
17. INFORMANT Mus Bully (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL Data June 25, 1937	Mannar of Injury
19. UNDERTAKER US BONGES SON	24. Was disease or injury in any way ralated to occupation of dacaasad?
20. FILED June 2 4th, 1927 Malues Bortus D. Registrar.	(Signad) 1 - Trance M. D. (Address) artitor, hid

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephrilis 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923		1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6366
1. PLACE OF DEATH	45.0
County Ballimore	Registration Dist. No. 38
Village or City Baynesville	NoSt.,Ward
Length of residence In city or town where death occurredyrsmos.	death occurred in a hospitalor institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME John H. Compe	If U. S. Veteran, specify WAR
(a) Residence: No. Loppo Pol.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. ULAUS 1837 to SULL 1937
6. DATE OF BIRTH (month, day, and year) Dec. 13, 1869	I last saw have allve on full (0, 193); death is said
7. AGE Years Months Days If LESS than I day,hrs.	to heve occurred on the date stated above, at 2:30 P.m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trede, profession, or particular	were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Carcusura Jougul/ 18 mile
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc Industry or business In which work wes done, es SILK MILL SAW MILL, BANK, etc 10. Date deceased last worked at this occuration (month and	
10. Date deceased last worked at this occupetion (month and year) 11. Total time (yeers) spent in this occupetion 5	
12. BIRTHPLACE (city or town) Balto City (State or country)	Other Contributory Causes of Importanca:
i / Le mg	hit I Sugar + Hauto
14. BIRTHPLACE (city or town)	Name of operation Author Country Date of Author
	What test confirmed diagnosis? LUSCLASSE Was there an autopsy? LUC
15. MAIDEN NAME Jugler 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accidant, suicide, or homicide?
(State or country)	Where did Injury occur?
17. INFORMANT Ma Frank Enge (Address) Oppos Rol Tours	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMOTION, OR REMOVAL	Manner of Injury
Place On Lawood Date June 12 19 37	Nature of injury
19. UNDERTAKER Field. Land And San (Address) 7 481 Belain Rd	24. Was disease or injury In any way ralated to occupation of deceased?
20, FILED. 6/11 , 1937 G. M. Bacon Registrat.	(Signed) LUI Bellug M. D. (Address) Dayson und

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example 1	- martin	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis ISECEIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-KD. Every item of infor-INFADING INK-THIS IS A PERMANENT REG MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. WRITE PLA

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH 40	21 (210-700)
County Balto.	X-XIII
Village or City middle Riv	
	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME John Mychael f	Cle-It U. S. Veteran, specify WAR
(a) Residence: No. J. Muddle Rues	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male white or DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(a) WITE of Catherine Erscher	22. I HEREBY CERTIFY, That I attended deceased from
11/20-1026	Libert court by college of the colle
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h; death is sald to have occurred on the date stated above, atm.
5-8 0 1// 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
Trade profession or particular	Pulmilary Ellrogise Date of one ot
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at 11. Total time (years)	
this occupation (month and year) — 4-37 spent in this occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	P. At. the laws
13. NAME Fredrick Julia Freder	7
13. NAME Fredrick Julius Fresh	Name of operation
(State or country)	What test confirmed diagnosis?Was there an au opsy?
15. MAIDEN NAME Tensa amelia Poetgod	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? . Q Date of injury
State or country)	Where did Injury occur? (Specify city or town, county and State)
17, INFORMANT AND Banagarature (Address) Rossylle ma	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR DEMOVAL	Manner of injury autombile Turn over
Place from dutheran O vate give 18., 1937	Nature of injury Broken Ribs
19. UNDERTAKER Fred Jossaln & Sons	24. Was disease or injury in any way related to occupation of deceased?
(AUDIESS) FILLERTY WOR	If so, specify (Signed) Joseph E. Homeone C. M.D.
20, FILED 6/16, 195/ John N. Connelly Regisfar.	(Signed) Buyin md
If more blanks are needed, address Save Registrar,	2411 N. Charles Street, Balimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Evample I

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Evample II

li	Example 11	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 Valy 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car Peritonitis Other contributory causes of importance:

V. S. No. 1

should state

1. PLACE OF DEAT	rH				
County 13 al	limo	re_		Registration Dist. No. 31	
Village or City	Pands	eceston	γ_1	No. St	Ward
Length of residence in cit				death occurred in a hospitation institution, give its IVAIVIE instead of street and ne	
manning the second			yrsmos	ds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME	Infa	T 7	rank	If U. S. Veteran, specify WAR	
(a) Residence: No		(Usual place	electoria de shada)	22 St., Ward. If nonresident give city or town and S	
PERSONAL AN	D STATISTI			MEDICAL CERTIFICATE OF DEATH	RAIC
3. SEX 4. COLOI	R OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	f93.37
5a. If married, widowed, or divor	rced			(month) (bey)	(Yeer)
HUSBAND of (or) WIFE of				22. HEREBY CERTIFY, That I attended d	
	0		2 .022	, f9, to	
6. DATE OF BfRTH (month, dey 7. AGE Yeers		nu 2		I lest saw h, 19,	death is seld
7. AGE TEETS	Months	Days	If LESS than I dey,hrs.	to heve occurred on the dete steted above, at	
1074			orQ_min.	were es follows:	Date of onset
8. Trade, profession, or pe kind of work done, a SAWYER, BOOKKEE	as SPINNER,			Success (3 ms)	
9 Industry or business in	which .			M. 1000 (3 mg)	
work wes done, as S SAW MILL, BANK, e	ILK MILL,			macaro-coja (3 114)	
f O. Date deceased last wor this occupation (mon	ked et ith and	ff. Total ti	ime (yeers) nt in this		
year)			pation	Other Contributory Causes of importence:	
12. BIRTHPLACE (city or town).	Man	dallst	on		
(Stete or country)	h	nd			
II 13. NAME VILL	en	ellian	~3		
f 4. BIRTHPLACE (city or to	wn) un	knows	2	Name of operation Dete of	
(State or country)		1- 0	0	Whet test confirmed diegnosis? Wes there an eu	topsy?
f5. MAIDEN NAME	nargar	el tro	rula	23. If death was due to external causes (VIOLENCE) fill in also the following:	
f6. BIRTHPLACE (city or to	wn)U	θ		Accident, suicide, or homicide? Dete of Injury	,
(State or country)	OD	-9	-	Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDIERRY in HOME or in PUBLIC PLA)
17. INFORMANT WAS (Address)	Panda	tran	md	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
f8. BURIAL, CREMATION, OR R	EMOVAL	0	100	Manner of Injury	
Place On fore	misso	Date unk	20 ,19 183	Neture of injury	
19. UNDERTAKER Ch	as t	rank	(Jachen)	24. Was disease or injury in any way releted to occupation of deceased?	
(Address)	andall	stown	ma	If so, specify	
20. FILED. June 22, 1	19.3.7	Wm &	martin	(Signed) From: E. // Marlyng	M. D.
			Registrar.	(Address) Constallers	14

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago
		1951	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Castroenteritis	1 year
		BOL	

-WRITE PLA

50	9	0	6	
)	3	0	9	

1. PLACE OF DEATH	93-0
County Saltimore Country	Maryland Registration Dist. No. 32
Village or City Howardville 1	No
Length of residence in city or town where death occurredyrsmo	sds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME George J. Frey	If U. S. Veteran, specify WAR
(a) Residence: No. Hostardrille	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Male White Married	21. DATE OF DEATH (Month) (Dey) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Clara Enura Trey	12 I HEREBY CERTAFY, That I attanded deceased from
6. DATE OF BIRTH (month, day, end year) August (324 /86)	I last saw half aliva on Osafer 24 1987 deeth is seld
7. AGE Years Months Deys If LESS than	to have occurred on the dete stated above, at
75 /0 \ 2 / 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
R Trede profession or particular	wara as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	V/15/00/11/11 6/14/1
9 Industry or business in which work was done as SII K MIN	Par la
kind of work done, as SPINNER, AWYER, BOOKKEEPER, etc. Industry or business in which work wes dona, as SILK MILL SAW MILL, BANK, etc. 10. date daceasad last workad at this occupation (month and	11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1
- Shell I I III	Cos / Mullellelle 193
year) occupation	Other Cantributary Causes of Importence:
12. BIRTHPLACE (city or town) Allumore (State or country)	ANTINIA MARINE
	Mullin success 1931
13. NAME Jun Trey 14. BIRTHPLACE (city or town) Sermany	
(Stata or country)	Neme of operation Dete of
(State of Country)	What tast confirmed diagnosis? QULLULU Was there an autopsy?
15. MAIDEN NAME Clusa E. Lorenzy.	23. If death was due to externel ceuses (VIDLENCE) fill In elso the following:
16. BIRTHPLACE (city or town) Serving	Accident, suicida, or homicide? Date of injury, 19
(State of country)	Where dld injury occur? (Specify city or town, county and State)
17. INFORMANT CLARCE Suma Jrey (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, PREMATION, OR REMOVAL	Mennar of Injury
Pyth mid budg Deta funk 1502/	Nature of injury
19. UNDERTAKER D. A. Warshall	24. Wes disease or injury in any way related to occupation of deceased?
(Addrass) 3539 Fall Read	If so, specify
20 EUED 6/247 137 85 74 16 0	(Signad) Della Mellelle M.D.
20. FILED	(Addrass) 3013 Ox (fall ox

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1925	Other contributory causes of importance: Gastroenteritis BUREAR	1 year

V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 6370
1. PLACE OF DEATH	
County Balts	Registration Dist, No.
Village or City Phila Rd. Rosed	
Length of residence In city or town where deeth occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. If of foreign birth?
(a) Residence: No. / 333 1. Survib (Usual place of abode)	Ward. If nonresident give city or lown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE A. COL. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) ZELANTIES	21. DATE OF DEATH (Month) (Day) (rear)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Matthie Fuller	22. 1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) aug. 27-1898	I last saw h elive on, 19, 19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
39 9 18 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of Importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc.	Date vi viiet
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data daceased last worked at this occupation (month and	pactured Skull
10. Data daceased last worked at this occupation (month and spart) in this occupation contact occupation this occupation.	
12. BIRTHPLACE (city or town) (State or country) (State or country)	Other Contributory Causes of importanca:
14. BIRTHPLACE (city or town)	Name of operation
(Stata or country)	Whet test confirmed diagnosis? Was there an eu opsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
	Accident, suicide, or homicide? Carles Dete of intery 19
(State or country) 17. INFORMANT Aus. Watter Fuller	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) 409 Madiens fts.	A THE STATE OF THE
18. BURIAL, GREMATION, OR REMOVAL Date 6/8, 19-3	Menner of injury (Lutomobile Ucciaes) Nature of injury
19. UNDERTAKER Humas E. Helson	24. Was disaase or injury in any way related to occupation of deceesad?
20. FILED 6/18 , 1937 John S. Connelly Register.	(Signed) Carl Mohr M.D. (Adress) Possnile And

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

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Evample I

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Evample II

Example 1	1	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis FIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JUL 3 1937	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory rauses of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

For authorization to change color	
Mohn. 11/4/37 B.	

V. S. No. 1

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	-CERTIFICATE OF DEATH 6371
1. PLACE OF DEATH	<u> </u>
County & alternate	Registration Dist. No. 31
Village or City Porce Tordlaws	No. Romaine ask War
	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsme	osds. How long In U.S. if of foreign birth?yrsmosd
2. FULL NAME BRIN Jany	If U. S. Veteran, specify WAR
(a) Residence: Np. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE, 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Dly) (Year)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	Tlast saw h affive on 2 24, 1937; death is sail
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm,
Dead from I day,hrs	
8. Trade, profession, or particular	You matal desally
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	- does to tight corl
kind of work done, as SPINNER, SAWYER, BODKKEPER, etc. Judustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	arund mees
10. Date deceased last worked at this occupation (month and year) occupation	
12. BIRTHPLACE (city or town) Formant and	Other Contributary Causes of importance:
(State or country)	_
13. NAME COM M. Carry	
13. NAME COMPANY 14. BIRTHPLACE (city or town) State of country)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME of ord the mange	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT MAD DETOTING Sary (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Processing Processing Company	Manner of Injury
nonel	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address)	If so, specify
20. FILED Jung 2 5- 1937 albert me Kenzie	(Signed) M.

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Example I	il	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of spilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by state car	1 week ago
Cerebral hemorrhage	July 5,1927	Periphitis	3 days ago
1		My tr	
Other contributory causes of importance:		Other contributors causes of importance:	
Gallstones	May 1,1923	Gastroenterite	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
I salled at State office on William of &
mo tild to but chill be france in Mand
if me sanger of contamination, bite water
amble & last bonow ment to made.
Ban.

1. PLACE OF DEATH County_Baltimore					78)
					Registration Dist. No. 30
Village or City Catonsville					No. Spring Grove State Hospe St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Leng	th of residence in cit	y or town where	death occurred		-11 ds. How long In U.S. if of foreign birth? yrs. mos. d
2. FUL	L NAMEI	awrence	Giles		If U. S. Veteran, specify WAR
	Residence: NoE			()	St., St., Ward.
			(Usual place		If nonresident give city or town and State
	RSONAL ANI				MEDICAL CERTIFICATE OF DEATH
SEX	4. COLOR	OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH
	ale whi		marri	ed	June 20 (Day) (Year)
HUSBA	ed, widowed, or divor	ced			22. I HEREBY CERTIFY, That I attended deceased fro
(01) 11	The Can	ul	Giles		June 9 , 1937 , to June 20 , 1937
DATE OF	BIRTH (month, day,	, and year)	4-2	5-1883	I last saw h. im. alive on June 20 , 137 ; death is sai
AGE	Years	Months	Days	If LESS than	to have occurred on the date stated above, at 4:00 Am.
	54	1	26	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Tra	de, profession, or pa kind of work done, a	rticular -	70		Encephalitis, nonspecific Before May 5, 1
	SAWYER, BOOKKEEF	ER, etc	Vaud	y man	not enechalitic lathorgiese Ewas
9. Ind	ustry or business in work was done, as S SAW MILL, BANK, e	which ILK MILL,			
	SAW MILL, BANK, e		11, Total t	ime (years)	Disration of illness: obout three monthers
0	this occupation (mon year)	th and		ntin this 1/4	Impossible to get a bistory of his illnession
BIRTIIR	V 4 OF (-24	13	PA-	- Shed	Other Contributory Causes of Importance:
	LACE (city or town) te or country)				Diagnosis of mon-specific encephalitis based of one
13. NA	ME COLLA	0/4	enn	Tiles	Stuponous Condition
13. NAI 14. BIR	THPLACE (city or to	(3)	allti	orl.	Name of operation None Date of Date of
14. 01%	(State or country)	MII)	7	ned	What test confirmed diagnosis? Clinical Was there an autopsy? no
15. MA	IOEN NAME THE	au/a	therin	e Steam	death was due to external causes (VIDLENCE) fill in also the following:
15. MA	THPLACE (city or to	wn 50	nati	nt	Accident, suicide, or homicide? Date of injury, 19
10. 511	(State or country)	···/		pus	Where did injury occur?
7. INFDRM	ANT Tes	nous	Willia	me Vilse	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
	dress)	12	ann	a mis	NO
8. BURIAL	CREMATION, OR R		0		Manner of Injury
Plac	The giore,	Torre	4 Date Jun	622,1931	Nature of Injury
9. UNDERT	AKER &	now &	tille	D. Inc.	24. Was disease or injury in any way related to occupation of deceased?
	dress) 125	mon	the ave	Ballo	If so, specify
O. FILEO_	6/10	9	Test	educa	(Signed) Paul Seuden M.
U. IILLU.		79	V	Registrar.	Spring Grove State Hosp.

stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPAord. Every item of infor-UNFADING INK-THIS IS A PERMANENT RE FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. -WRITTE PLA

V. S. No. 1

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li li	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

TION is very important. See instructions on back of certificate.

STATE OF MADVI AND CEPTIFICATE OF DEATH

/1	DEATH	6	3	7

1. PLACE OF DEATH County Baltimore					Registration Dist. No. 3.0		
	Cet	ongwille	Spring	Crove Hogn	Registration Dist. No.		
Village o	or City	OHPATITO	, opring	OLOVO HOSP	itano. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)		
	residence In cit	y or town where d	leath occurred	yrs,Zmos	ds. How long in U.S. if of foreign birth?yrsmosds.		
		Maggie G			If U. S. Veteran, specify WAR		
(a) Resi	dence: No.	1611 G.	Street S.	E. Wash.	D. St. Ward.		
			(Usual place of	of abode)	If nonresident give city or town and State		
PERS	ONAL AN	D STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX	4. COLO	R OR RACE		RIED, WIDOWED,) (write the word)	21. DATE OF DEATH June 1 ,1937 (Month) (Day) (Year)		
5a. If married, w	idowed or divo	rced			(Month) (Day) (Year)		
HUSBAND (or) WIFE (of ter a a	liam Gree	en		22. I HEREBY CERTIFY, That I attended deceased from March 16 1935, to June 1, 1937		
e DATE OF BIR	TH (month day	and many 3 (OFF Mana		Hast saw h. er elive on June 1 ,1937; death is said		
7. AGE	Years	Months	875, Mont	If LESS than	to have occurred on the dete stated above, at 6:07p • m.		
				1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence		
	61	1 7	?	ormin.	were as follows:		
8. Trede, p	rofession, or pa of work done,	as SPINNER,	Housekeep		Chronic Myocarditis before 1937		
9 Industry	Or husiness in	PEK, etc]	Housekeep	9 	Bronchopneumonia May 1937		
kind SAW 9. Industry work SAW 10. Date de	was done, as S	which SILK MILL, how etc.	usework				
10. Date de	casead last war	ked at	11. Total ti	me (years)			
this year	occupation (moi	nth and 1935	sper occu	ntin this ife			
					Other Contributory Causes of importance: Involutional Melancholia before 1935		
12. BIRTHPLACI	E (city or town).	Marylan	đ		Fracture left femur; due to March '3'		
		rew Cro	8.8		fall, to the floor. Quet R.		
I IS. NAME					None		
		wn)	shington		Neme of operation Clinical Dete of What test confirmed diagnosis? Was there an autopsy?		
(318	te or country)	Camala	D.C.				
15. MAIDEN		Sarah			23. If deeth wes due to externel causes (VIOLENCE) fill in also the following:		
15. MAIDEN 16. BIRTHPI	LACE (city or to	wn) Ba	ltimore.		Accident, suicide, or homicide? Date of injury March 11, 1937.		
	te or country)			ld.	Where did injury occur? Spring Thous State Hospital. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
17. INFORMANT	Hospit	al record	ds				
(Address)					Line hospitale		
18. BURIAL, CREMATION, OR REMOVAL Plece Washington. D. C. paje June 32, 19.37					Manager Classica Fin & 10.		
Plece	ashin	gton, D.	Copere June	19.37	Neture of Injury		
	0/11	'00'c	1000.5	and Co	24. Was disease or injury in any way related to occupation of deceased?		
19. UNDERTAKE (Address	/ / /	00 - 4t	h. St. N	E. D.C.			
(11001033	1	7	711	0	(Signed) Pass Fecular M. C.		
20, FILED.	7	19	Colore	Registrat.	Spring crows W.		
		If more	. LOIL		(Address) Catorsville Molitel.		

V. S. No. 1

-WRITE PLA

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state: *

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1015		Date of onset
1916	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	July 5,1927	1921 Run over by street car Vuly 5,1927 Peritonitis Other contributory causes of importance:

V.S. No. 1

	MAR	YLAND-	CERTIFICATE OF DEATH 6374
1. PLACE OF DEATH			97) 31)
County Baltimore			Registration Dist. No.
Village or City Catonsvill	.е		No. 210 Hilton Ave . St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where dee	th occurred 75)yrs,mos	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Henrietta	C. Hart	ung.	If U. S. Veteran, specify WAR
(a) Residence: No. 210 Hilt	0330		St. Ward.
	(Osual place	of abode)	If nonresident give city or town and State
PERSONAL AND STATISTIC			MEDICAL CERTIFICATE OF DEATH
	OR DIVORCE	RRIED, WIDOWED, (Write the word)	21. DATE OF DEATH JUN 1 2 193/
Female White	Wide) W	(Month) (Oay) (Year)
HUSBANO of			22. I HEREBY CERT15Y, That I attended deceased from
(or) WIFE of George Hart	ung.		Mars 26 1937, 10 48506 12, 193)
6. DATE OF BIRTH (month, day, and year) Mar	ch 26.	1862	i last daw h. 2 alive on January 19 7; death is said
7. AGE Years Months	Oays	If LESS than 1 day,hrs.	to have occurred on the date stated above, et. 3.45.4m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
75 2	16	ormin.	were as follows:
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	None		Attalia Malaban
9. Industry or business in which	7(5:115		1932
work wes done, as SILK MILL, SAW MILL, BANK, etc			· Wennith . norm
SAW MILL, BANK, etc	spe	time (years) ont in this	
year)	_ 000	upation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country) Baltimor	o Co N	ıa.	Co fry Alegan
		14.6	Lecuron Most
I	8.		
14. BIRTHPLACE (city or town) Germa	ny		Name of operation Oete of Oete of
15. MAIOEN NAME Catherine	Kirchr	ner.	What test confirmed diegnosis? Wes there an autopsy? 23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIOEN NAME Catherine 16. BIRTHPLACE (city or town)			Accident, suicide, or homicide?
16. BIRTHPLACE (city or town)	many		Where did injury occur?
17. INFORMANT Miss A. Louisa	Hartu	ng:	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 210 Hilton			•
18. BURIAL, CREMATION, OR REMOVAL Place Western Cem.	JIIN	1 6 1027	Manner of injury
Place Western Cent	Oate		Nature of injury
19. UNDERTAKER Seo N Ju	ttle)	24. Was disease or injury In any way related to occupation of deceased?
(Address) 2700 Edmondso	n Ave		If so, specify to the sound to
20. FILEO 19 19 19 19 19 19 19 19 19 19 19 19 19	Lu	elica	(Signed) M. O
10000	nks are needed	Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:		
	13	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cereoral nemorrnage	Jay5,1927	Peritonitis .	3 days ago	
BUNEAU V. S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			· · · ·	

V. S. No. 1

3.—WRITE PLANALY, WITH UNFADING INK—THIS IS A PERMANENT READ. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
ry item NS sho nt of	
NS ut	
D. Eve	
r REA Y. PI Exact	
RMANEN' X A C T L classified.	
IS A PE stated E properly	certincate
HIS be	10
VK—T should it may	n back
AGE that	o suon
Supplied.	ee instruct
WIT efully in plai	ant.
be car	mport
PLA hould OF DI	very
mation s	FION is very important. See instructions on back of certificate.

1. PLACE OF DEATH	(122/0)
County Balto	Registration Dist. No. 3
Village Dr City & elight	ND. St., War (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 25 yrs	(if death occurred in a nospital or institution, give its INALVIE instead of street and number) nosds. How long in U.S. if of foreign birth?yrsmosd.
2. FULL NAME M ary 7. Ideavel	If U. S. Veteran, specify WAR
(a) Residence: Np. Delight	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE OR DIVORCED (write the word) Listowell	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of Gor) WIFE of Gro. Dt. Heavel	22. I HEREBY CERTIFY, That I attended deceased fro
DATE OF BIRTH (month, day, and year) Oct 15 1845	liast saw hs. live on flather 9 1937; death is sa
AGE Years Months Days If LESS than	to heve occurred on the date stated above, at
91 7 26 1 day,h	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done as SPINNER	0 1
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Intalism of huction
9. Industry or business in which work was done, as SILK MILL,	
kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this	
year) spent in this occupation occupation	
BIRTHPLACE (city or town) Balta City	Other Contributory Canas of importance:
(State or country)	- (ventral)
13. NAME Simon Lewis	
14. BIRTHPLACE (city or town) - Batta leity	Neme of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Rebecca	23. If deeth wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) - Jgg-f	Accident, suicide, or homicide?
1 (State of County)	Where did injury occur?
7. INFORMANT Mrs Mande D. Elvers (Address) Pusterstones Mid	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
B. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place asbury M. E. Cem Date June 13, 193	Nature of injury
9. UNDERTAKER & Fileni V Jano (Address) Bustustoun Md	24. Was disease or inform in any way related to occupation of deceased.
0. FILED Jun 11, 1927 I Registrar.	(Signed) Selection In M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of inaportance:	,	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF	MARYLAND-	CERTIFICATE OF D	EATH 6376
1. PLACE OF DEATH		1	A.
County Balto		Registra	ition Dist. No. 37
Village or City Randellote	01	No. Campfield Pose death occurred in a possible or institution, give its N	
Length of residence in city or town where deat	'/	. //	
2. FULL NAME Johann	a. Heinrich	1.4	
(a) Residence: No lugsburg	. Home. (Usual place of abode)	St., Ward. 3019 Hen	more are Balt
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFIC	ATE OF DEATH
3. SEX 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED, OR DIVORCED fwrite the word)	21. DATE OF DEATH	11th, 1937
5a. If married, widowed, or divorced		(Month)	(Day) (Pear)
HUSBAND of Charles R.	Henrich	22. I HEREBY OFRT	Y, That I attended deceased fro
	0	,196 , to	Janua 1 (1 , 19)
6. DATE OF BIRTH (month, day, and yeer)	6-19 1850	(last saw h alive on January	death is sa
7. AGE Years Months	Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and related	
87 3	29 ormin.	were es follows:	Date of onse
8. Trade, profession, or particular kind of work done, as SPINNER,	(mc	The Meno	1.7
SAWYER, BOOKKEEPER, etc.	<i></i>	My ace july ex	175
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at		was recognized by the state of	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	70	10.0
12. BIRTHPLACE (city or town) 45	osel:	Other Contributory Causes of importance:	
(State or country)			
13. NAME MOT RM	rupu		
14. BIRTHPLACE (city or town)		Name of operation	Date of
(State of country)	wrong.	What test confirmed diagnosis?	Was there en autopsy?
15. MAIDEN NAME TO HER. 16. BIRTHPLACE (city or town).	www.	23. If death was due to external causes (VIOLEN	
16. BIRTHPLACE (city or town)	ar mans	Accident, suicide, or homicide?	Date of injury, 19
(State or country)	Mary,	Where did injury occur?(Specify o	nity or town, county and State)
(Address), (Address)	me letend.	Specify whether injury occurred In INDUSTRY,	in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Loudon Cash Can	Vone 6-14 th. 193	Manner of injury	
19. UNDERTAKER Mrs. Chas. Q. G. (Address) 2327 Edmons	· Rohde.	24. Was disease or injury in eny way related to	occupation of deceesed?
20. FILED (5, 19.2 19.2	Andua	If so, specify Columbia	uneter M.
/100)	Registrar.	(Address)	UYNLE BOLL

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 111 2 1951	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

BWRITE PL. LY, WITH UNFADING INK-THIS IS A PERMANENT RELAD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
ERMANE	EXACT	r classifie	·e·
SISAP	stated	properly	certificat
KK-THI	should be	it may be	n back of
DING II	I. AGE	so that	uctions o
UNFA	supplied	in terms,	See instr
LY, WIT	carefully	TH in pla	portant.
E PL.	should be	OF DEA	s very im
BWRIT	mation	CAUSE	TION is very important. See instructions on back of certificate.
_			- Magain

MARGIN RESERVED FOR BINDING

STATE OF MARTLAND	CERTIFICATE OF DEATH	1 8 0
1. PLACE OF DEATH	92-0	
County Ballimore	Registration Dist. No. 43	
	No. St., death occurred in a hospital or institution, give its NAME instead of street and number	Ward
Length of residence in city or town where deeth occurredmos	ds. How long in U.S. if of foreign birth?yrsmos,	ds.
(a) Residence: No. 114 Leslie avel (Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH (Month) (Oay) (Oay)	7 Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph F. Hajnacki	22. I HEREBY CERTIFY, That I attended decease 1,1935, to 1,1,1	sed from
6. DATE OF BIRTN (month, day, and year) # 26, 1887 7. AGE Years Months Oays If LESS then 1 day,hrs. orhrs.	to have occurred on the date stated above, at 1.0	th is seld
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month end spent in this securation (month end spent in this spent in this securation (month end spent in this spent	Myscardial allana	or onest
o this occupation (month end spent in this occupation 12. BIRTHPLACE (city or town) Baltique City (State or country)	Other Contributory Canses of Importance.	Sy
11 13, NAME John Madrah	4	17.
13. NAME John Modrak 14. BIRTUPLACE (city or town) Grands (State or country)	Neme of operation Dete of Wes there en eutops:	w?
15. MAIDEN NAME Johanna Lubinski 16. BIRTHPLACE (by or town) (State or country)	23. If death was due to external causes (VIOL ENCE) fill In elso the following: Accident, sulcide, or homicide?	
17. INFORMANT Joseph F Nojnackie (Address) 114 Leslie aug.	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place St. Stanislaus Date June 21, 1937	Manner of injury	
19. UNDERTAKER Flech. Jassahn + Son (Address) 7401 Belgin Rd.	24. Was disease or injury in any way related to occupation of deceased?	0
20, FILED 6/19, 19.37 Du truly M2, Registrar.	(Signed) Linear A Soll Black Rd	M. I

V. S. No. 1

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

BINDING

RESERVED

ARGIN

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JUL 3 1937			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones '	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

70 111	pluod	occi	
1	S	of	
200	HYSICIANS	t statement	
	7. P	Exac	
	XACTLY	classified.	
-	stated E	properly	certificate
1	be	be	Jo
The state of the s	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCI	TION is very important. See instructions on back of certificate.
	ally supplied.	plain terms, s	t. See instruc
	carefu	TH in	portani
	oald be	OF DEA	very im
	mation sl	CAUSE (TION is

STATE OF MARYLA	ND-CER	TIFICATE (OF DEAT	ΓH 6	379
1. PLACE OF DEATH		- (B)		9	
County Balta.		6	Registration D	iet No 37	
Village or City Veretor d_	No.			42	Ward
Landh of saidean to the said a said	(If death occur	red in a hospital or institution	n, give its NAME	instead of street and	number)
Length of residence in city or town where death occurredyrs	d:	s. How long In U.S. if of t	oreign birth?	yrsn	nosds.
2. FULL NAME Zull Irrth,	4th inc	7			
(a) Residence: No.	St.,	Ward.			
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULA	c	MEDICAL CE		ve city or town an	d State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WI		TE OF DEATH	RIFICATE	OF DEATH	
Sense ale CM OR DIVORCED (write t		Jun	~e	13	193 7
5a. If married, widowed, or divorced		0	(Month)	(Day)	(Year)
HUSBAND of (or) WIFE of	22.	IHEREBY	CERTIFY.	That I attended	deceased from
0 /		Still	fruit!		, 19
6. DATE OF BIRTH (month, day, and year) + 1 /3 / 3 / 7. AGE Years Months Days	I last saw			, 19	; death is said
mounts and the El		occurred on the date stated a			
8. Trade, profession, or particular	min. were as	follows:	and related causes	or importance	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc. 9. Midustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occuration (month and					
9 Industry or business in which		Dunga	turity		-
work was done, as SILK MILL, SAW MILL, BANK, etc		June	winy.	<u> </u>	
and adaptation (month and	4				
year) occupation	Other Co	atributery Causes of imports	ince:		
12. BIRTHPLACE (city or town) My Mulan (State or country) m d					
13. NAME Jens Johns 14. BIRTHPLACE (city or town) Montators	n				
14. BIRTHPLACE (city or town) Manufattru (State or country)		operation			
15. MAIDEN NAME Engly him Hall	N. Contraction of the Contractio	confirmed diagnosis?			
		h was due to external cause			-
State or country)		suicide, or homicide?	Dat	te of injury	, 19
7.000		d Injury occur?	(Specify city or to	wn, county and Sta	te)
(Address)	Specify w	hether injury occurred in 1	ADUSTRY, IN HOME	, or in Public Pl	ACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner o	f injury			
Place Dereford and Date June B	1932 Nature of				
19. UNDERTAKER		sease or injury in any way	related to occupation	on of deceased?	DO
(Address)	If so, spe			-6	4
20, FILED19	(Sigr	ned) Arlin	u 6.	Durm	M. D.
	istrar.	(Address)	clary &	ville S	nd
76 11 1 11 11 1					

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Cerebral hemorrhage	July 5,1927	Peritonitis RECEIVED	3 days ago
		JUL 19 1937	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenterits UREAU V. 8	1 year
		- endowing region resigns to the highway stage of paper properties and the second seco	

V. S. No. 1

STATE O	F MARYI	AND-CERTIFIC	CATE	OF	DEATH
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	i	b	F.		4		
-	r	9	3	1	1	Į	

1. PL	ACE OF DEA	тн			950
Co	ountyBalt	imore			Registration Dist. No. 30
Vil	llage or City	Cato	nsville	(lf	NoSpring Grove State Hosp St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
					ds. How long In U.S. if of foreign birth?yrsmosds.
					If U. S. Veteran, specify WAR
(a) Residence: No	2709	Kennedy	Ave of abode)	St., Ward. If nonresident give city or town and State
	ERSONAL AN	ND STATIST	ICAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX	emale 4. con	or or race		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH June 6, 1937 , 193 , (Year)
	ried, widowed, or div BAND of WIFE of	7 0011	es		22. I HEREBY CERTIFY, That f attanded deceased from Aug. 7, 1936, 19, to June 6, 1937., 19
	OF BIRTH (month, de				I last sew her_ alive onJune6, 1937_; daath is said
7. AGE	Yaars 58	Months 11	Days 14	If LESS than I day,hrs. ormin.	to have occurred on the data stated above, at
o l	ndustry or business work was done, as	, as SPINNER, EPER, etc	louse-wif	3	Generalized Arteriosclerosis Before 193 Arteriosclerotic heart disease Before 193
10. 0	SAW MILL, BANK, lata_dacaased_last_w	, etc orkad at	11. Total	time (years) ent in this upation Life	
	HPLACE (city or town				Other Contributary Causes of Importance:
œ 13, N	AME CA AA	. Ad			
Ξ	IRTHPLACE (city or (Stata or country)	town	w 18h	nun	Name of operationNone
≅ 15. M	AIDEN NAME	7110	1 Dox M	m	23. If death was due to externel causes (VIOLENCE) fill In also the following:
15. M	IRTHPLACE (city or (State or country)		Maria	w	Accidant, suicide, or homicide? NQ Date of Injury , 19 Where did Injury occur?
		4 Rus	14		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
-	AL, CREMATION DR	REMOVAL Demety	Dete Jus	e 10, 1937	Manner of Injury
19. UNDE		3000	Malte	A (Moran)	24. Was disease or injury In any wey releted to occupetion of deceased?N
20. FILED	6/7	19 7	Later	elca 1 Registrar.	(Signed) M. D. (Addrass) Spring Grove State Hospital
	1	If more	blanks are predet;	Address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street or	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis 100	3 days ago
Other contributory causes of importance:		Other contributory causes of importance.	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH 93-C

	County	Baltin	ioi.e						Dist. No.	10
	Village or	CityCa	tonsvil	le			. Overbrook		St.,_	War
	langth of ro	sidence in city	or town where	dooth goovered			in a hospital or institution. How long in U.S. if of			
						sus.	now long to 0.3.11 of	Toreign bitti:		INUSu
1	2. FULL NA			Elizabet						
	(a) Reside	ence: No. 1	Overbro	Ok Road, U	atonsville	€St.,	Ward.	If nonresident	give city or town a	nd State
Shirt I	PERSO	NAL AND	STATIST	ICAL PARTI			MEDICAL CE			
	sex Female		or race		RIED, WIDOWED, (write the word)	21. DATE	e of death	une 22	(Dey)	, 193_7 (Year)
5e.	If married, wide HUSBANO of (or) WIFE of			clin Kelty	7	22. Ja	I HEREBY	271	7. That I attenda	
6.	DATE OF BIRTH	(month, day,	and year) Jur	ne 24, 185	51	I last sew h.	eralive on	Juda	22,193	7; death is sa
		eers 85	Months 11	Deys 28	If LESS then 1 dey,hrs. ormin.	13	urred on the date state IPAL CAUSE OF DEAT lows:			Date of onse
OCCUPATION	kind of SAWYE 9. Industry or work w	business in ses done, as SI	s SPINNER, ER, etc which LK MILL.	None		R	er. Mye	earti	40	1930
1000	10. Dete deced	ILL, BANK, etc esed last work supation (mont	ed et h and		me (years) nt in this petion					
12	BIRTHPLACE (city or town) untry)	Baltimo Mary	ore County vland	7	Other Couts	ributory Causes of impor	eles or	ex	
ER	13. NAME	Jo	seph Pie	erpont						
FATH	14. BIRTHPLAC	or country)		timore Cou Marylar	nd	Name of op	eration	Clin. Fr	Date of Washinere e	n autopsy?
ER	15. MAIDEN N	AME	Betsy E.	lizabeth F	Peddicord	23. If death v	was due to externel(ceu	ses (VIOLENCE) fil	Il in also the follow	ing;
MOTH	(Steta	or country)		imore Cour Maryland	nty 1		ricide, or homicide?		.	
17	. INFORMANT (Address)	Irs Ch	arles H	. Minor	nsville	Specify whe	ether injury occurred in		NE, or in PUBLIC	
18	BURIAL, CREMA	TION, OR RE	MOVAL /	Joste June		Menner of i	njury			
19	. UNDERTAKER (Address)	1003	W. Balt	imorest.	(24. Wes dise	ase or injury in any wa	y related to occur	ation of deceesed?_	Ko

V. S. No. 1

20, FILED

If more blanks are needed, address state Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

m

STATE OF MARYLAND—CERTIFICATE OF DEATH

6382

1. PLACE OF DEATH			(ho)	
County / Designation	***********		Registration Dist. No.	7
Village or City Cockeysvil	le, Md	•	No Warren Road C.	Ward
Length of residence in city or town where dea	th occurred	O vrs. mos	death occurred in a hospital or institution, give its NAME instead of street and s	d number)
2. FULL NAME SARAH E. KE			, in the second	
(a) Residence: No. Warren Roa		vsville.]	Md St. Ward.	
	(Usual place	of abode)	If nonresident give city or town a	
3. SEX 4. COLOR OR RACE IS			MEDICAL CERTIFICATE OF DEATH	
Female 4. COLOR OR RACE S	OR DIVORCE	RIED, WIDOWED, Curice the word)	June 15,	, 193.7
5a. If married, widowed, or divorced WOBAND of (or) WIFE of Michael France	is Kenn	еу	22. LHEREBY CERTIFY, Thet lattende	ed deceased from
6. DATE OF BIRTH (month, day, and year) Aug.	26, 18	71	I last saw h We elive on Renet 14 193	2: death is said
7. AGE Years Months 65 9	Days 19	If LESS than I day,hrs.	to have occurred on the date stated above, at 1:30 a m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER.	t home			Date of onset
SAWYER, BOOKKEEPER, etc	t nome	1,	Carcinoma & Uterus	2
SAW MILL, BANK, etc	spai	me (years) nt in this		
12. BIRTHPLACE (city or town) Cockeysy (State or country)	ille, 1	Md.	Other Contributory Causes of importance:	6/10/3;
# 13. NAME John Eichler				
13. NAME John Sichler 14. BIRTHPLACE (city or town) (State or country)	o. Md.		Name of operation Date of	
置 15. MAIDEN NAME Harriet Eliz.	abeth Da	avis	What test confirmed diegnosis? Was there at 23. If death was due to external causes (VIOLENCE) fill in also the following	
15. MAIDEN NAME Harriet Eliz 16. BIRTHPLACE (city or town) Balto (State or country)	. Md.		Accident, suicide, or homicide? Date of injury Where did injury occur?	
17. INFORMANT Mr. Michael Fran (Address) Warren Road, Coc.	cis Ken keysvil	ney Le, Md.	(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC F	tate) PLACE
18. BURIAL, CREMATION, OR REMOVAL Texa	s, Md.	June 17, 19	3 Manner of injury	
19. UNDERTAKER LAS. J. C. (Addiess) // 8 N. M. St.	and &	Jon In	1/24 Was disease or injury in any way related to occupation of deceesed?	
20. FILED June 16 1, 1937 William	I leti	Coal Registrar.	(Signed) By Don Shull (Address) Leven m. J.	M. D.
If more blas	nks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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The state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. Nov1

STATE OF	MARYL	AND-CER	TIFICATE	OF	DEATH
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6383

1. PLACE C	F DEATH	_		(8)		
County	Ballon	nore	- Com	ly R	egistration Dist. No. 39	
Village or	City 4acks	onvil		No.	st.,	Ward.
Length of re	sidence in city or town where	death occurred 2	/ vrs // mos	death occurred in a hospital or institution, g	ive its NAME instead of street and number) gn birth?mos	de
2. FULL NA	91	2 //	- 100			
(a) Reside	0	2494	anger,	West. Ward.		- 45
(a) Reside	nice. No. Comme	(Usual place			f nonresident give city or town and State	
PERSO	NAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERT	IFICATE OF DEATH	
Male	4. COLOR OR RACE	S. SINGLE, MARI	RIED, WIDOWED,) (write the word)	21. DATE OF DEATH	12 2 3 1 193 7 (Yes	7 ar) . ,
5e. If married, wido HUSBAND of	wed, or divorced	0 ./	/ 1-00 m	22. I HEREBY CI	ERTIFY, That I attended deceased	d from
(or) WIFE of	-	Sug-	le	June 18 193	1 to sime 23 19	37
6. DATE OF BIRTH	(month, day, end year)	me 2	6,1915	Mast saw have alive on fre	11e 2, 1937; death	is said
7. AGE Ye	ears Months	Days	If LESS than	to have occurred on the date stated above	e, at 12 P.m.	
21	11	127	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and were as follows:	related causes of Importance	
8. Trade, prof	ession, or particular work done, es SPINNER,			Musich	Dates	
SAWYE	R, BOOKKEEPER, etc business in which	1		Chilepsy	193	30
Work w	as done, as SILK MILL, ILL, BANK, etc	Manl		apriliping Cl	noulsion Jun	ezz
U 10. Date decea	sed last worked et	11. Total ti	me (years)		19.	27
- 11113 000	upetion (month and	ocau	pation			
12. BIRTHPLACE (d	city or town) 200	Lours	el	Other Contributory Causes of importance	192	26
(State or co		mod	4			
13. NAME 14. BIRTHPLAC	lowel 9	e /your	ner			
14. BIRTHPLAC	E (city or town) Bank	Chiana	<u></u>	Name of operation	Dele of	
(State o	or country)	411a	7	What test confirmed diagnosis?	Was there an autopsy?	no
15. MAIDEN N.	AME A Jorosof	4. 4M. F	furline	23. If death wes due to external causes (V	IOLENCE) fill in also the following:	Ų
	E (city or town) /2	amore	60-	Accident, suicide, or homicide?	Date of injury, 19.	
≥ (State o	or country)	Grid		Where did injury occur?(S.	pecify city or town, county and State)	
17. INFORMANT (Address)	to Nordky	M. Mo	nd a	Specify whether Injury occurred in INDL	STRY, in HOME, or in PUBLIC PLACE.	
c/- 0 / 4	TION, OR REMOVAL			Manner of injury		
1 Sweet	Gin Mid	9 Date fram	- 23-y, 193-7	Nature of injury		
19. UNDERTAKER	Elmes W.	6 onkli	in / Son	24. Was disease or injury in any way rela	ted to occupation of deceased?	
(Address)	724 E 6ays	1 St lin	the and.	If so, specify	De Harden	
20. FILED Mare	24,1937	Lanca in C	* Blake	(Signed) Support	2 6 minson	_M. D.
0			Registrar.	(Address)	ore, ma.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example 1		Example 11	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	E E E E IVE D	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JUL 8 1937	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	auses of importance:	1)	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

1 19 % hemit	y 1918 D' H. Edward Lever	7436
infor- state UPA-		CERTIFICATE OF DEATH 6384
/	1. PLACE OF DEATH	Palt 9
Should for OCC	Village or City Rose wont	No. Louisianua Com Ward
=	0 (1	f death occurred in a hospital or institution, give its NAME instead of street and number)
	m/	sds. How long in U.S. if of foreign birth?yrsmosds.
3D. Every STGLAN Statemen	(a) Residence: No. Residence Cur Ros	If U. S. Veteran, specify WAR No Ke Cond
E =	(Usual place of abode)	If nontesident give city or town and State
RI Fract	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
~ .	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	· Varace 9 = 193 7
DING ANENT ACTLY ssifted.	5a. If married, widowed, or divorced	(Month) (Day) (Year)
	(or) WIFE of Volue Kohler	22. I HEREBY CERTIFY, That I attended deceased from
BINJ PERM EXA Iy clan	6. DATE OF BIRTH (month, day, and year) DEC 2021266	I last saw h LL alive on 6-9-37, 19 ; death is said
R J ed ed eerly ficat	7. AGE Years Months Days IT LESS than	to have occurred on the date stated above, at 8 - 2 m.
FOR B. IS A PE stated E properly certificate	70 3 79 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
***	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	arteria calciares
RESERVED IG INK—THIS IGE should be that it may be ons on back of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at the company of this occupation (month and the company of	
INK-INK on p	SAW MILL, BANK, etc	
RES VG I AGE that	this occupation (month and /2/37 spent in this 40 occupation 40	Other Contributory Causes of importance:
2 4	12. BIRTHPLACE (city or town)(State or country)	
ARGIN RE JNFADING pplied. AGE terms, so tha		
e t n d	13. NAME La (Region) 14. BIRTHPLACE (city or town)	Name of operation
+H 70	(State of country)	What test confirmed diagnosis? Cleural Was there an autopsy? Low
W Wiefu	15. MAIDEN NAME Caroline Erwack 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In also the following:
MALY, Id be car DEATH y import	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19 Where did injury occur?
d be DEAT	17. INFORMANT Rose Middlecoff	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
S PLA Should OF D	(Address) Louisianna aura Monsum	
	18. BURIAL, CREMATION, OR REMOVAL Pa Dat James 11 2 19 39	Manner of injury
-WRITE mation s CAUSE TION is	19. UNDERTAKER WEN Cook	24. Was disease or Injury In any way related to occupation of deceased? 20
No. 1	(Address) 1219 It Paul st	If so, specify
S. C.	20. FILED SHEP 0 , 19. 3. 7 Jeste 1	(Signed) To Colominal flowers M. D.
	If more blanks are needed, address Shale Registrar,	(Marios) and an area area area area area area area a

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		CO WILL DE	
Other contributory causes of importance:		Other contributory causes of importance:	1
Gallstones	May 1,1923	Gastroenteritis	1 year
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	MARTERIE	OLKINIONIE OF BEATH
County Ballo		Registration Dist, No. 44
/	int Rd.	No. St. Ward
	(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence to city of town where dea	th occurredyrsmos	ds. How long in U.S. if of foreign birth?yrs,mosds.
2. FULL NAME Sadil	Jany J	If U. S. Veteran, specify WAR
(a) Residence: No. leoko fa	(Usual place of abode)	OSt, Ward. If nonresident give city or town and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5	SINGLE, MARRIED, WIDOWED, OR PIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (dear)
5a. tf married, widowed, or diverced HUSBAND of		22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of /WELLE	ine	
6. DATE OF BIRTH (month, day, and year)	et. 30-190K	I last saw h; death is seld
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, atm.
32 8	/	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Name of the state	undru	
9. Industry or business in which	1011	hactured skull
work was done, as SILK MILL SAW MILL, BANK, etc.	mognut	Grand Control of the
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	
2.0.	b de apaton	Other Coutributory Causes of importence:
12. BIRTHPLACE (city or town) (State or country)	ma.	automobile accident
13. NAME allen &	rennon	On North Point Road, near German Hill Boad.
13. NAME COLLEN S 14. BIRTHPLACE (city or town)		Name of operation Dete of Dete of
(State of country)	V	What test confirmed diagnosis? Wes there en eu opsy?
15. MAIDEN NAME Planence	e Payton	23. If death was due to external causes (VtOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Oscident Date of injury
(State or country)		Where did injury occur? North Print Road, Buttimers County miles (Specify city or town, county and State)
17. INFORMANT Mass. Mary (Address) Colis Farm.	Jungy of	Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	sul .	Manner of injury , Outomobile, sociedant
Placolelins truce desage	Date 6/23,1937	Nature of injury
19. UNOERTAKER D. Co. (Addisss)	mighly	24. Was disease or injury tn any way related to occupation of deceased?
20, FILED 6/2 3 , 1937 John	G. Connelle Registrary	(Signed) Thoward a faulke Coronesm. O. (Ardress) Edgennere, Bello W Md.
If more bla	nks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.-The month and year the deceased last worked at the occupation.

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	Example I		7	Example II	
The principal cause of do of importance were as follows:	llows:	causes		The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	300	1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephralis	BUREAU		1921	Run over by strect car	1 week ago
Cerebral hemorrhage	BUREAU	V. S.	July 5,1927	Peritonitis	3 days ago
- turn					
Other contributory cause	s of importance			Other contributory causes of importance:	
Gallstones			May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6386
1. PLACE OF DEATH	
County Baltimore	Registration Dist. No. 44
Village or City & Rase (II	No. St., Wardeath occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME 22 Rolas Lan	If U. S. Veteran, specify WAR
(a) Residence: No. Eastern ave (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE NAME S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Tale	22. HEREBY CERTIFY. That I attanded decaased from 1935, to war 9, 1939
6. DATE OF BIRTH (month, day, and year) July 27, 1867	I last saw h. Mc alive on Mu 9 , 1937; death is sai
7. AGE Yaars Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at m. The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, Mark work done, as SPINNER, Mark was done AS SPINNER, M	Cretise Helleverleg
SAW MILL, BANK, etc	
this occupation (month and year) spent in this 49 occupation 49. 12. BIRTHPLACE (city or town) Vorford Co. 2nd. (State or country)	Other Contributory Causes of importance; Scleroses
13. NAME August Lay 14. BIRTHPLACE (chy or town)	
(State or country)	Name of operation Dete of West here en autopsy? West here en autopsy? Dete of
15. MAIDEN NAME Annie Peinhardt 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to externel ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury, 19 Whare dld injury occur?
17. INFORMANT A attended	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

(Addrass) Registra

18. BURIAL, CREMATION, OR REMOVAL

If so, specify

(Signed)

Neture of injury

(Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes. Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory tauses of importance: Other contributory causes of importance? Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS BY PHYSICIAN
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PLACE OF DEATH County Ballimore	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 43
Village or City Fulleston Mf. (No. For 2FULL NAME andrew hile	St.: Ward) (If death occurred in a hospital or institu- tlon, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RACE 5 SINGLE, WIDOWEL OR DIVORCED (Write the word)	16 DATE OF DEATH 2 9 , 193 7
6 DATE OF BIRTH (Mony) (Day) (Year)	that last saw h Ma alive on Survey 2 9 198
7 AGE 7 AGE 1 If LESS than I day hrs. or min.?	
(a) Trade, profession or particular kind of work	Chromby carbot and
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Secondary (Duration) 3 yrs. mos ds.
10 NAME OF P	(Signed) M. D. M.
OF FATHER (State or country)	*State the l'is ase Causing Death, or, in deaths from Violent Causes, state (f) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs
(Informant) Margaret Fisher	Former or usual residence DATE OF BURIAL
(Address) P12 8. Hallanda	48 Carld Heart July 2, 1931
Filed 6/30 19197 J. W. Frig. M. D. Registra	Michael Flewlyt. Dx 1341 Gorse
lf more blanks are needed, address State Registra	, 16 W. Saratoga St., Balto., Liquestint N. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

st in industrial employments, it is necessing to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it is should be used only when needed. As examples: "Spinner, (b) Cotton mill; (a) Salesman (b) Automak." tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business; that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Whooping causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal condi-"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Nover report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom use of "Tumor" for malignant neoplasms); Measles; "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E-haustion," "Heart failure," "Haemorrhage, atic, "Atrophy." "Collapse," "Coma," "Convulsions, Chronic interstitual nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (discase tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on as fracture of skull, and consequences (e. g., scpsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death cough; Chronic valvular Nomenclature heart disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—CERTIF 1. PLACE OF DEATH Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence In pity or town where death occurred How long in U.S. if of foreign birth? ______ yrs. _____ mos. _____ds. PHYSICIAN It V. S. Veteran, specify WAR 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) BINDING 5a. If married, widowedoor divorced HUSBAND of 22. I HEREBY CERTIFY. That I ettended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, end year). Oays If LESS than 7. AGE Years Months to have occurred on the data stated above, at____ 1 day,____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance 97 min. were as follows 8. Trada, profession, or particular OCCUPATION kind of work done, as SPINNER, RESERVED Unknown SAWYER, BOOKKEEPER, etc., may back 9. Industry or business in which work was done, as SILK MILL, Inanown- Ceul SAW MILL, BANK, etc 10. Data deceased last worked et 11. Total time (years) this occupation (month and occupation year) _____ 12. BIRTHPLACE (city or town ARGIN (State or country) FATHER 13. NAME Name of operation 14. BIRTHPLACE (city or town) plain (State or country) What test confirmed diagnosis?_____ Was thera an autopsy?... efully MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in elso the following: in Accident, suicida, or homicide?______Oate of injury_______19______ OF DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?___ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANTA plnods (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE Nature of injury_ LON 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER S. No. (Address) If so, specify (Signed). 20. FILED. Registrar. (Address) If more blanks are neded, address State Registrar, 2411 N. Charles Street, Baltimore, Requested V. S. No.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	1100	Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1997	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
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OCCUPA.

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence In city or town where death occurred J. O. vrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds. 2. FULL NAME (a) Residence: No. 7 If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4 COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write tha word) (Month) 5a. If merried, widowed, or divorced HUSBAND of I HEREBY CERTIFIY. That I ettanded deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, end year) Years to heve occurred on the data stated above, et / 2 Nona 7. AGE Months Days If LESS than I dayhrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance or____min. Date of onset 8. Trade, profession, or perticular NO kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. industry or business in which CCUPA work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at 11. Total time (years) this occupation (month end spant in this occupation Other Coutributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of operation.... (State or country) Whet test confirmed diagnosis? Curucal Wes there an europsy? OTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?______ Date of injury______ 19_____ 16. BIRTHPLACE (city or town).

19. UNDERTAKER THE TOTAL TOTAL

La Com Date.

(State or country)

18. BURIAL, CREMATION, OR REMOVAL

17. INFORMANT _AA

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

24. Was disease or injury in any wey related to occupation of deceased?_

(Specify city or town, county and State)

Whera did Injury occur?

Menner of injury

Nature of injury_

If so, specify

Registrari

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	,
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitual nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 111 2 1937	1915	Attack of cpilepsy	1 week ago
Chronic interstitict, nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BURFAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
TENTALIONATE	DI ALUE	LOW	T. O Let Tartille	STUTEMENTS	A) I	TITIOTOTAM

M)	JRD. Every item of infor-	PHYSICIANS should state	adet statement of OCCUPA-	
MARGIN RESERVED FOR BINDING	-WRITE PLANLY, WIN, UNFADING INK-THIS IS A PERMANENT R. SRD. Every item of infor-	nation should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	NICON : in the state of

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6390
1. PLACE OF DEATH	(FSQ)
county Ballo M	Registration Dist. No. 2
Village or City Mod	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
9/	now long in 0.5.11 of foreign bittin:yrsmosos.
2. FULL NAME framas may	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Tear)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 6-6-37	Hast saw h alive on 6 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9-100m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Date of onset
9 Industry or business in which	Bremalus Dull
work was done, as SILK MILL, SAW MILL, BANK, etc.	
O 10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Panh	Other Contributory Causes of importance:
E S IN O	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
	What test confirmed diagnosis?
± // / / / / / / / / / / / / / / / / /	Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) (State or country)	Where did Injury occur?
17. INFORMANT Annas may	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place On the flace Date June 4 , 19.3/	Nature of injury
19. UNDERTAKER Harrey mays - Latter (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED LINE 6th, 193 males Borlies mos	(Signed) 19 1 M. D. (Address) M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example 1	,	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of apitepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car 118 2 3118	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis 2001 2 700	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Jo

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Example I		Example II		
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis JUL	1931	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:	OF A PROPERTY OF	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
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STATE OF MARYLAND—CERTIFICATE OF DEATH 6392

	(93-c)		0	0
		Registration	Dist. No.	0
	No Shee age	Past	Itas a	Mond
(If	death occurred in a horpital or institu	ution, give its NAN	AE instead of street an	Ward
os.	ds. How long In U.S. if			
	·	1	0.	
9	St., Ward.	100	Dun, N	od.
-			Il give city or lown a	
	MEDICAL C	ERTIFICAT	E OF DEATH	
	21. DATE OF DEATH		47	~7
	June	}	<u></u>	, 193
	0	(Month)	(Oay)	(Year)
	22 I HEREB	YCERTIF	That I attend	ed deceased from
	hime 4	1937 to	June 2	7 19 37
-	Nast saw h L Man alive on	huse	101 107	2 : death is said
		0 65	6	4, agatu 12 2aid
s.	to have occurred on the date stat The PRINCIPAL CAUSE OF DEA			
	were as follows:	TH and related cat	uses of importance	Oate of onset
	Α			
	brancho pro	euman	ra	Ida.

n.				
	Other Contributory Canses of imp	ortance:	0-	
	Comercia	e and	mischer.	
-	Chr. Muy	DEANO	us	
	Jewlih;	ela al	educh	-
	Name of operation		Date of	
	What test confirmed diagnosis?	Clinic	Was there a	n autopsy? N
	23. If death was due to external ca	Wee (VIOLENCE)		
	Accident, suicide, or homicide?	••••••	_ Date of Injury	, 19
-	Where did Injury occur?	(Specify city	or town, county and S	State)
	Specify whether Injury occurred	In INOUSTRY, in I	IOME, or in PUBLIC	PLACE.
,	Manner of injury			~~~~~
Sp	Nature of Injury			
	New York Control of the Control of t			
	24. Was disease or injury in any	way related to occu	ipation of deceased?	
	If so, specify	11/4	1.11/11	
7	(Signed)	4/6-1	effect	M. D.
	(14 M. B. 900 1999 9	A R PAL	WCVI II D	

If more planks dre needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting O. So No. 7. 7 2010

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Example I	İ	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 30 7 1931			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-RD. Every item of infor-UNFADING INK-THIS IS A PERMANENT RE MARGIN RESERVED FOR BINDING rion is very important. See instructions on back of certificate. -WRITE PLAMLY,

V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH	0030
1. PLACE OF DEATH	(83)	7/11:
County / Salture	Registration Dist. No.	Tophas
Village or City maddle Rive	No. St.,	3Ward
	sds. How long in U.S. if of foreign birth?yrsme	sds.
2. FULL NAME John T. mit	chelled. S. Veteran, specify WAR	
(a) Residence: No. 102 S. Curley St.	St.,Ward.	
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLDR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
male White OR BIVORCED (write the word)	(Month) (Day)	, 193 7 (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY. That i attended	dacaasad from
6. DATE OF BIRTH (month, day, end year) Lice 2 - 1918	Hast fow h in alive on June 14 , 1937	; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, atsm.	
18 6 12 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	Date of onset
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEPER, etc.	1.1 FO M.	61
kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last workad at this occupation (month and	Medeules Moroning	414/31
ID. Date deceased last workad at this occupation (month and year)		
12. BIRTHPLACE (city or town) Bellin md 1	Dther Contributory Canses of importance:	
13. NAME John W. mitchell		
13. NAME John W. mitchell 14. BIRTHPLACE (city or town). B.	Name of operation	
(Stata of country)	What tast confirmed diagnosis? Was there an a	u opsy 200
15. MAIDEN NAME Elizabeth Toward	23. If daath was due to external causes (VJDL ENCE) fill in also the following	
15. MAIDEN NAME Elizabeth Toward 16. BIRTHPLACE (city or town) (State or country)	Accidant, suicida, or homicide? accidant Data of Injury	4,1937
State or country)	Whare did injury occur? (Specify city or town, county and Stan	e)
17. INFDRMANT My Matchell (Address)	Specify whather injury occurred in INDUSTRY A ROME, or in PUBLIC PLA	ACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury Downed while is bather	4
Place Negrante// A Date Jul/ 19/	Natura of injury	1
19. UNDERTAKER (Addrass) 2.50 Control	24. Was disease or injury in any way related to occupation of dacaased?	0
	(Signed) Joseph F. Jones	Мр
20. FILED 6/14 , 193) July & Connelly Registers	(Address) Benjis md. Co	rone

0900

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1924	other contributory causes of importance:	1 year
ADDITIONAL SPACE F	OR FURTH	ER STATEMENTS BY PAYSICIAN	

PHYSICIANS should state Exact statement of OCCUPA-AD. Every item of infor-UNFADING INK-THIS IS A PERMANENT RE stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important.

STATE OF MARYLAND—CERTIFICATE OF DEATH

STATE OF MARTEAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-50
County Ballinge	Registration Dist. No. 30
Village or City Ilchester Mid P.O.	No. all Sacista Conversal St., Ward death occurred in a hospital or iostitution, give its NAME instead of street and number)
Length of rasidance in city or town where death occurred. Oyrsmos.	ds. How long in U.S. if of foraign birth?mosds.
2. FULL NAME Mary Stigabeth Montgon	11 U. S. Veteran, specify WAR
(a) Residence: No. Auge Grove all Saints box (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH) (Month) (Day) (Vear)
5a. If married, wido red, or directed HU BAND of	
(or) WEE of	22. I HEREBY CERTIFY, Thet i ettended deceased from
6. 11× 100-	
6. DATE OF BIRTH (month, day, and year) 19016 1835	i last sew h 2 alive on
7. AGE Yaars Months Days If LESS than 1 day,hrs.	to have occurred on the date stated bova, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
82 3 d 3 ormin.	wera as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER for the form	
SAWYER, BOOKKEEPER, etc. HALES of Me Upor	arterio Scherosia Mil
kind of work done, as SPINNER laster of the Gross SAWYER, BOOKKEEPER, etc. History of the Gross SAWYER, BOOKKEEPER, etc. History of the Gross Work was done, as SILK MILL, // of all Seguets SAW MILL, BANK, etc. 6000000000000000000000000000000000000	acute hyacoroleles, 2 beek
SAW MILL, BANK, etc	0
this occupation (month and spent in this occupation 5.4	
1/ 2/ 2	Other Contributary Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME ARUSY Mourgomesy	
13. NAME Acusy Moutgomessy 14. BIRTHPLACE (city or town)	Neme of operation Dete of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary Clareboth Herener 16. BIRTHPLACE (city or town)	23. If death was due to externel causes (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country) / MRHOW	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT No Mother Tours Superior	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Placel Saints Count Date June 12, 1931	Nature of injury
There Whorking land	24. Wes disease or injury In any way ralated to occupation of deceased?
19. UNDERTAKED CHILD A CONTROL OF CONTROL OF CARLOL OF	If so, specify
and the state of t	(Signed) marshall B west 1 M.D.
20. FILED une 10, 19. In Ochall B. Wast	(Address) Catousulle hid
1 Account	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	1	Example II	S. 116
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1037	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Be			
Other contributory causes of importance:		Other contributory causes of importance:	3
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE O	F MARYLAND—	CERTIFICATE OF DEATH	6395
County Dalling	ee .	92-a) Registration Dist. No.	90
Village or City Marse	leigh	No. So 9 Mingelfue Rd. St., death occurred in a horpital or institution, give its NAME instead of street a	War
Length of residence In city or town where d		ds. How long in U.S. if of foreign birth?yrs	
2. FULL NAME Design	e my my	1221C If U. S. Veteran, specify WAR	
(a) Residence: No. 209 70	(Updai place of abode)	St., Ward. If nonresident give city or town	and State
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	1,
3. SEX 4. COLOR OR RACE	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	193
Se. II married, widowed, or divorced HUSBANO of (or) WIFE of	A anne	22. HEREBY CERTIFY, Thet ettend	(Yeer)
- Calle E	- 100 lace	Mov- 1934 to Jan Vi] , 19 <i>3</i> ; death is sa
5. DATE OF BIRTH (month, day, end yeer) 7. AGE Years Months	Deys If LESS than	to have occurred on the date stated above, et. J. m.	; death is sa
66 7	18 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as-follows:	Date of onse
8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	ase	Muke lin an	
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc to oate deceesed last worked et this occuretion (month and	Engineer	Chronic endocarditie. Cerso.	
Oate deceesed last worked et this occupetion (month and year)	11. Total time (years) spent in this occupation	Suration not stated.	
12. BIRTHPLACE (city or town)	D. D.	Other Contributory Causes of Importance:	اد
(Stete or country)	Ill.		
13. NAME /necahael	Morane		
13. NAME / Acadada 14. BIRTHPLACE (city or town).	combe	Name of operation Dete of	of
(State of country)	meland.	Whet test confirmed diagnosis? Wes there	an eutopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	ие Вления	-23. If death was due to external causes (VIOL ENCE) fill in also the Jolio	wing:
16. BIRTHPLACE (city or town)	ladelphea	Accident, suicide, or homicide? Date of Injury	, 19
(State or country)	Pa	Where did injury occur?(Specify city or town, county and	State
17. INFORMANT Supplement (Address) Fog 12	Justan Rd	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC	PLACE.
18. BURIAL, CREMATION, OR REMOVAL	1 1/2	Menner of injury	
Place Moodlacery	C Date !!!!!	Nature of injury	
19. DIOERTAKER J. B. She (Address) 300 Esta	ppert & Sur	24. Was disease or injury in any way releted to occupation of deceased? If so, specify	No
20. FILED # 25 , 137	Saraly Vantos	(Signed) (Address) I) multicall and	5 Bly
If make	blanks de needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Dr. M.a. Darly to	treat	coal arts Blely 12-M	-2-11
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	\$·	₹	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1937	July 3,1927	Peritonitis	3 days ago
O SPEAU V.	S.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

That I attended deceased free

Date of onset

(Day)

Date of

Was there an autopsy?.

BINDING

RESERVED

ARGIN

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		€0	•
		t at	. 4

V. S. No. 1

item of infor-

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. INLY, WE -WRITE PL

SIAIL OF MARYLAND	125 CERTIFICATE OF DEATH
County Balto.	Registration Dist. No. 44
Village or City Essel	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) mos
2. FULL NAME S. Taymond S. (a) Residence: No. Sympho Rue:	St, Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give eity or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DEVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Oct. 9, 1937 7. AGE Years Months Days If LESS th. 1 day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and spent in this page).	due to Downing by being mafte to
year) occupation 12. BIRTHPLACE (city or town) Ballo O. Md (State or country)	There was not boat savalved a care a Other Cantributory Causes of Importance: This boy went in suronning, on the Philodelphia. Troad, behind is distillery. A strong ander
13. NAME J. Jayman Carlety 14. BIRTHPLACE (city or town) Balts. Co. (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Anna J. Jealon 16. BIRTHPLACE (city or town) Clarence (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Decidents Date of Injury
17. INFORMANT SI Paymond Parlet (Address) frings are Glenary	(Specify city or town, eounty and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Lehind a distillery.
18. BURIAL, CREMATION, OR REMOVAL Place Moreland Capate June 2819	Manner of Injury Assidental Anounings. Nature of injury
19. UNDERTAKER TESTE SASSAS OF THE CADDRESS OF THE STATE OF THE SECOND O	24. Was disease or injury In any way related to occupation of deceased? If so, specify (Signed) 1000 100 100 100 100 100 100 100 100 1
Resident Resident	and a second

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	E E
Gallstones	May 1,1923	Gastroenteritis	1 year

	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	1. PLACE OF DEATH County Sellenine	Registration Dist. No.
	Village or City Farmer fount, Med	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurred	ds. How long in U.S. If of foreign birth?yrsmosds.
	(a) Residence: No. 10 Qala Sheet, Jurnese de (Usual place of abode)	If U. S. Veteran, specify WAR. Lalow, Ballacine G. W. J. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE Male 1. S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 1. Manual	21. DATE OF DEATH (Month) (Day) (Year)
	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marsais Garcous	22. I HEREBY CERTIFY, That I attended decreased from
te.	6. DATE OF BIRTH (month, day, and year) June 9, 1890	I last saw h; death is said
certificate	7. AGE Years Months Days If LESS then 1 day,hrs.	to have occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
of cer	8. Trade, profession, or particular kind of work done, es SPINNER, Moulder SAWYER, BOOKKEEPER, etc.	Bracking high and heft hege
n back	Industry or business in which work was done, as SILK MILL, Beth Steel S-SAW MILL, BANK, etc. 11. Total time (years)	Internal inguirie
ons on	11. Total time (years) this occupation (month and 6/25/37 spent in this occupation year) 11. Total time (years) spent in this occupation	Other Contributory Causes of importance: lehem Steel Company.
instructions	12. BIRTHPLACE (city or town)	
	13. NAME William Vareou	
See	14. BIRTHPLACE (city or town) multiplied, /a - (State or country)	Neme of operation Date of What test confirmed diagnosis? Was there an autopsy?
important.	15. MAIDEN NAME agree Severa 16. BIRTHPLACE (city or town) Drawhfreld / La-	23. If deeth was due to externel ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide? (Level deed Date of injury 6/2/3/39
npor	16. BIRTHPLACE (city or town) 2222111 [State or country)	Where did injury occur? Skanrow's Point, Rollingra Courty, ml.
very in	17. INFORMANT Karesia Janesus (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
is	18. BURIAL, CREMATION OF REMOVAL UCE Date une 28, 1937	Manner of injury Coordinates
TION	19. UNDERTAKER Q a Elliatt + daught (Address) 3 alg	24. Was disease or injury in any wey related to occupation of deceased? If so, specify
	20. FILED CINE 25, 197 / MP mies (m)	(Signed) Annous but hed

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Lastimore, Requesting U. S. No. 1.

V. S. No. 1

-WRITE PLA

stated EXACTLY. PHYSICIANS should state

-THIS IS A PERMANENT RE

MARGIN RESERVED FOR BINDING

AD. Every item of infor-

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

AGE should be

mation should be carefully supplied.

UNFADING INK-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: V E D Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritisti	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	- W II]
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPA. RD. Every item of infor-UNFADING INK-THIS IS A PERMANENT RI MARGIN RESERVED FOR BINDING CAUSE OF DEATH in plain terms, so that it may be B. WRITE PLAMLY,

V. S. No.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6400
1. PLACE OF DEATH	93-0
County Balfinsone	Registration Dist. No.
Village or City Tharma Point	No. 1310 Forest Rd St., War
	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long In U.S. if of foreign birth?yrsmosd
2. FULL NAME amelia & Pearma	
(a) Residence: No. 1310 Forest Rd	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert F. Pearman	22. I HEREBY CERTIFY, That I attended deceased fro
6. DATE OF BIRTH (month, day, and year) July 19 1854	I last saw h alive on the the 1937; death is sa
7. AGE Years Month's Days If LESS than 1 day,hrs.	to have occurred on the date flated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Housework SAWYER, BOOKKEEPER, etc.	Uslanisalionia 1936
3 Industry or business In which work was done, as SILK MILL, A SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Richmand (State or country)	Other Contributary Causes of Importance: Mysecultics June 2
13. NAME George F Myer 14. BIRTHPLACE (city or town) Germany (State or country)	Name of operation Date of Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Don't Know	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Sout Know 16. BIRTHPLACE (city or town) (State or country) Service and	Accident, sulcide, or homicide? Date of Injury, 19 Where did Injury occur?
17. INFORMANT Rehert S Pearman (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place R. chmand Va Date June 8, 1937	Manner of Injury
19. UNDERTAKER John F. Donny (Address) 715 Links St.	24. Was disease or injury In any way related to occupation of deceased?
20. FILE UNE 7 TA, 1977 G My Com Ch	(Signed) Shares Bull M.
If more blanks are needed, address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Įį.	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis 1937	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arterioscierosis		Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6402
1. PLACE OF DEATH	820
County 2 attimule	Registration Dist. No.
Village or City Danows Por	16 May 902-95X
(1)	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or lown there death o surradyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME LURE TO	01
(a) Residence: No. 9 0 2 9 5 X 87	Janoway Ph. nu.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Common life with d)	21. DATE OF DEATH
- Divorceo	(Month) (Day) (Year)
5a. If married widowed or divorced HUSBAND of GOLVHEE of	22. I HEREB-YCERTIFY, That I attended decorded from
- There I shown	Ture 76 (19 10 Jame 26 19 8)
6. DATE OF BIRTH (month, day, and year)	Hast saw h Amaliva on Jane 3 6, 19 2 7; death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9:3 On 1.77
44 11 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
_ 8 Trada profession or particular	Cerebral apoplexy Carologo
SAWYER, BOOKKEEPER, etc	1 4/5
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL. SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
SAW MILL, BANK, etc	
this occupation (month and spent in this occupation 20 4	
500	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
	MA
Ŧ V	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diegnosis? Was there an autopsy? W
10 0	23. If death was dua to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
011000	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placa Woodsolale 1.6. Data 128-(3),19	Nature of injury
my Hear of the offer 1	
19. UNDERTAKER (Address) (6) (Address)	24. Was disease or injury in any way related to occupation of deceased?
- X112 28 37 G/ M18/ 20 1000 10	(Signed) A Thomas M.D.
20. FILED LVUL 197/71 18 January Registrar.	(Address) 1012 95X Shawara Arm
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over My street car &	1 week ago
Cerebral hemorrhage	July 5,1927	Propries 1	3 days ago
		18 1837 1	
		40.	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA-

Exact statement

certificate.

See instructions on back of

TION is very important.

1. PLACE OF DEATH	
County Dalturore	Registration Dist. No. 31.
Village or City Lockey Smille	No. The Source House of St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town when death occurredyrsmos.	ds. How long in U.S. if of foreign birth?ds.
2. FULL NAME alies May Pople	If U. S. Veteran, specify WAR
(a) Residence: No. 2516 Ylang Rand Clark (Usua) lace of abode)	St.,Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Suigle	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Opil 5, 1875	I last saw here alive on Jerrae 5 , 19.37; death is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 7.20 Pm. ?
6 2 2 0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER.	
Kind of work done, as SPINNER, The same and the same as SPINNER, The sam	Coronary Thrombood
Industry or business in which work was done, es SILK MILL, Insamaber work SAW MILL, BANK, etc.	
SAW MILL, BANK, etc	
this occupation (month and year) The second sec	•
and a second	Other Contributary Causes of importance:
12. BIRTHPLACE (city or town) 400 town 177 d. (State or country)	
13. NAME Palpha Prole 14. BIRTHPLACE (city or town) Carroll Co. md.	
14. BIRTHPLACE (city or town) Carroll Co. md.	Neme of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Clava Harryman	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Bulto, Wid	Accident, sulcide, or homicide?Date of injury19
▼ (State or country)	Where did injury occur?
17. INFORMANT Course M. Schwedel	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece Loudan Park Date June 14. 1987	Nature of injury
19. UNDERTAKER Jusp. B. Cook (Address) 1003 W. Bults. St	24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. FILEO June 7th, 1937 JA, Drach m 3	(Signed) Jally Collin May
Registrar.	(Address) Collywill

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importances. Gastroenteritis	1 year

-WRITE nation

OCCUPA certificate. back instructions See important. very OF LION

1. PLACE OF DEATH County /= Village or City Length of residence in city or town where death occurred (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3,SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) widowed 5a. If marriad, widowad, or divorced HUSBAND of 22. (or) WIFE of 6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months **Oavs** If LESS than 69 1 dayhrs or_____min. 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc...... 11. Total time (years)
spent in this
occupation 10. Date deceased last worked at this occupation (month and 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town)... Nama of operation (Stata or country) MOTHER 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT -(Address) 18. BURIAL, CREMATION, OR REMOVAL 19. UNDERTAKER (Address) Registrar.

reacht U. S. Veteran, specify WAR ff nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Oav) I HEREBY CERTIFY, That I attanded deceased from 1932 to:

Registration Dist. No. 3/

to have occurred on the date stated above, at 4.44 Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows; Oate of onset

23. If death was dua to external causes (VIOLENCE) fill in also the following:

Whare did Injury occur?____ (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury Nature of Injury____

24. Was disease or Injury in any wey related to occupation of deceased?____ If so, spacify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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The state of the s	Example I		Example II	
The principal cause of de of importance were as follows:	ath and related causes lows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	JUN 5 1937	July 5 1927	Peritonitis	3 days ago
	BUREAU V.	· .		
Other contributory cause	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

should state

STATE OF	MARYL	AND-CERTIFICATE	OF DEATH

0	1	0	7	,,,
U	4	0	P	-

5 STATE OF MARTLAND	CERTIFICATE OF DEATH	run
1. PLACE OF DEATH	23	7
county Bultimore	Registration Dist. No. 3	5
Village or City Olivings Mills, Md. Length of residence in city or town where death occurred. yrs. 8 mg	No. Collection of the state of	(Ward
2. FULL NAME Margaret Va. Rockwes		
(a) Residence: No. 32 23 Brighton St. (basel place of abode)	St., Ward. St. If nonresident give city or town and St.	tate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DAVORCED (write the word)	21. DATE OF DEATH June 28 Month) (Day)	193_ 7 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. April 23 1937 to fine 28	
6. DATE OF BIRTH (month, day, and year) Oct. 24 1926	i last saw h. er alive on June 27 1937:	
6. DATE OF BIRTH (month, day, and year) Wer. 24 / 926 7. AGE Years Months Days If LESS than	to have occurred on the date states above, et 5a.m.	uçatii is saiy
10 8 4 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	Date of oneat
8. Trade, profession, or particular kind of work done, as SPINNER, Sawyer, BOOKKEPER, etc. Sawyer, Bookkeper, etc. Sawyer, Bookkeper, etc. State 4 Varning	Pulmonary Jukenenlouis	kakaona
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SChool, Clurry Mull, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.		
12. BIRTHPLACE (city or town) Bultimore, Ind.	Other Contributory Causea of Importance: Deep Cermen al alacese	
(State or country)	- Deep Cerment allier	4/23/3
13. NAME Harace Rockwell 14. BIRTHPLACE (city or town) Buffalo, ny, (Stete or country)	Name of operation Clinical + Julian alary What test confirmed diagnosis? Was there an aut	topsy? No.
15. MAIDEN NAME Rowena Lathrone	23. If death wes due to external causes (VIOLENCE) fill In also the following:	
15. MAIDEN NAME Romena Lathrone 16. BIRTHPLACE (city or town) (State or country) 47. Marry Country	Accident, suicide, or homicide? Date of Injury Where did injury occur?	, 19
17. INFORMANT Seiststational Records	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	
18. BURIAL, CREMATION, OR REMOVAL Lem Place Dandridg Dete June 3/, 193/	Manner of Injury	
19. UNDERTAKER Many M. Meetlefeld		ro.
20. FILED June 9, 19 3 7 Some (hul Registrar.	(Signed) Harry S. Busher (Address) Klewings mills, ma	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
			11
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		RECIO	
ADDITIONAL SPACE F	OR FURTH	ER STATEMENTS AN PHYSICIAN	

nfor- state JPA-	STATE OF I	MARYLAND-	CERTIFICATE OF DE
/· H	1. PLACE OF DEATH	418	(183)
should f OCC	County Balto ;		Registratii
shor of O	Village of City Bear Cre	e fe	ND. Llundal Batting death occurred in a hospital or institution, give its A
2 50	Length of residence In city or town where death oc		ds. How long in U.S. If of foreign birth?
ED. Every FSICIANS statement	2. FULL NAME Lene Sur	Linio Rossi	If U. S. Veteran, specify WAR.
ED.	(a) Residence: No. / 56 / Bank	St Balt md	St., Ward.
PHY act	PERSONAL AND STATISTICAL	Jsual place of abode) PARTICULARS	If nonresid
RE.		GLE, MARRIED, WIDOWED.	21. DATE OF DEATH
LY	male that	DIVORCED (write the word)	(Month)
NEN C T 1	5a. If married, widowed, or divorced HUSBAND of		22. I HEREBY CERTI
MAN A C lassifi	(or) WIFE of		
EX EX Ily cla	6. DATE OF BIRTH (month, day, and year)	. 31 - 1919	I last saw h alive on
A F ed perl fica	7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and retated c
IS A PE stated E properly certificate		ormin.	were as follows:
HIS be be of c	8. Trade, profession, or particular kind of work done, as SPINNER, Une	mployed	Occidental Draw
	work was done, as SILK MILL,		There was no boat invol
INK—T should it may on back	SAW MILL, BANK, etc	11. Total time (years)	
H + 0	this occupation (month and year)	spent in this occupation	
NFADING pplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) Balto		Other Contributory Causes of Importance:
NFADIN pplied. A erms, so t instructio	(State or country)	,	
	13. NAME Conthony Too	su	
- and 7/0	14. BIRTHPLACE (city or town)	4	Name of operation
pla .	# 15. MAIDEN NAME Carmella	Rossico	What test confirmed diagnosis?23. If death was due to external causes (VIDL ENCE
INLY, WITTE be carefully EATH in plainmoortant.	16. BIRTHPLACE (city or town)	7	Accident, suicide, or homicide?
AT AT	(State or country)	4	Where did Injury occur?(Specify city
	17. INFORMANT Sorthur		Specify whether injury occurred in INDUSTRY, in
E 0	(Address) 150 South		Manner of injury
[-]	Place Italy Redeemen Date	June 17,193/	Nature of injury
WRIT nation AUSE	19. UNDERTAKER I endell flige	ble.	24./Was disease or injury In any way related to oc

Regista

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8	(183)		1.1
		Registration Dist. No.	4
	No. Llundal Bo	thing & soch St.,	Ward
	death occurred in a nospital or institute	on, give its AME instead of street and it foreign birth?m	number)
			03
6.		pecify WAR	
u	St., Ward.	If nonresident give city or town and	C
	MEDICAL CE	RTIFICATE OF DEATH	State
D,	21. DATE OF DEATH	ATTICATE OF BEATH	
1)		e 13	. 193
		(Month) (Day)	(Year)
	22. I HEREBY	CERTIFY, That I attended	deceased from
		19, to	
9			
an	to have occurred on the date stated		
hrs.	The PRINCIPAL CAUSE OF DEATH	I and retated causes of importance	
	were as follows:		Date of onset
	accidental)	9.	
		- involved. Conga	
	July war tho broad		
	Other Contributory Causes of Import	anco.	
	Dillor Commission of Import	arrec.	
		Date of	
		Was there an a	
co		es (VIDL ENCE) fill In also the following	
		Date of injury	
	Where did Injury occur?		
101	Specify whether injury occurred in	(Specify city or town, county and Stat INDUSTRY, in HDME, or in PUBLIC PL	te)
			AUL.
	Manner of injury		
3/.			
1		y related to occupation of deceased?	
	If so, specify	residue to occupation of deceased:	
2		& a Foulker.	oroney
1		neve, Balto Count	
	/···		

V. S. No. 1

(Address) 20. FILED Rive

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Chronic interstitial maphritis E IVE	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JUL 3 1937			
Other contributory causes of importance!		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

RESERVED

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JUL 6 181			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1
		The Market of the 18 and the	-

STATE OF MARYLAI 1. PLACE OF DEATH Registration Dist. No. o Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? Length of residence in city or town where death occurred a yrs mos. ds. If U. S. Veteran, specify WAR 2. FULL NAME ASI Ward. (a) Residence: No. If nonresident give city or town and State (Usual place of abode) Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) (Month) BINDING ba. If merried widowed, or divorced HUSBAND of 22. GERATIFY. That I ettended deceased from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, end year) Days If LESS than 7. AGE Months to have occurred on the dete stated above, at lali-I day,hrs The PRINCIPAL CAUSE OF DEATH end related causes of importance or min. Oate of onset 8 Trede, profession, or particular OCCUPATION kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. RESERVED Jo 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.____ may back pluods 10. Date deceesed lest worked at 21. Total time (years) this occupation (month and year) spent in this occupation ... ARGIN 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town). (State or country) carefully MOTHER 15. MAIOEN NAME important. 23. If death was due to external causes (VIOLENCE) fill In also the following: Ë OF DEATH 16. BIRTHPLACE (city or town) Accident, suicide, or homicide?______ Date of injury________19 (State or country) Where did injury occur? ___ pe (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. should 17. INFORMANT very (Address) 18. BURIAL, CREMATION, OF REMOVAL Manner of Injury CAUSE Neture of injury_ LION 24. Was disease or injury in any wey related to occupation of deceased? 19. UNOERTAKER (Address) If so, specify Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephriti	またした「	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JUL 7 1937	July 5,1927	Peritonitis	3 days ago
Other contributory cause	es of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. AD. Every item of infor-UNFADING INK-THIS IS A PERMANENT RE MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. -WRITE PLAKITY, WITH V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	990 30
County Bellenine	Registration Dist. No.
Village or City Ramore Four	No. St. Ward
(1	f death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurred	sds. How long in U.S. if of foraign birth?yrsmosds.
2. FULL NAME The Sahlman	If U. S. Veteran, specify WAR
(a) Residence: No. 415 S. angles as St. 1 (Usys) place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Maried	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Josephine M. Salelman	22. I HEREBY CERTIFY, Thet I attended daceased from
2000 5- 1001	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year) March 3- 1896 7. AGE Years Months Days If LESS than	I last saw h; daath is said to have occurred on the date stated above, etm.
44, 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
Trade profession or particular	wara as follows:
kind of work dona, as SPINNER, Contracts SAWYER, BOOKKEEPER, etc. SINUSTRY OF BUSINASS IN Which Work was done, as SILK MILL Leth. Steel SAW MILL, BANK, etc. 10 Date daceased last workad at this occupation (month and	Mronge Muso as delus
9 Industry or business in which work was done, as SILK MILL Deth. Steel	
SAW MILL, BANK, etc	V
- I spontin this / I spontin this	
year) occupation occupation	Othar Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Dalttmore Md. (State or country)	
13. NAME anthony & allman	
13. NAME Anthony Sahlman 14. BIRTHPLACE (city or town) Sermany	Neme of operation
(State of country)	What test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME amic Lang, 16. BIRTHPLACE (city or town). Sarmany	23. If daeth wes due to externel causes (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town) Germany	Accident, suicide, or homicide? Data of injury, 19
State or country)	Whare did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY. In HOME, or in PUBLIC PLACE.
17. INFORMANT Josephine M. Sahlman (Addrass) 415 S. angelesca St.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place ! Evang, Cem. Dete July 1 , 19.37	Nature of injury
19. UNDERTAKER GROUGE UN Jukle	24. Was disease or Injury in any way related to occupation of deceesed?
Vine 29th O. Carichen :	(Signed Venny 11. Algana A M.D.
20. FILED CALL 1937/7 Registral	(Address) Stationer Grand Glong
If more blanks are model allow Serv. B.	NO 1 C. Addis D. G. C. N.

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		- du	
Other contributory causes of importance:		Other contributory causes of importance;	
Gallstones	May 1,1923	Gastroenteritis OR 1937	1 year
		TAD W	
		.8/	

V. S. No. 1

1. PLACE OF DEATH

	2. FULL NAME Samuel Samuelson	
	(a) Residence: No. 150x 33 Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.	SEX 4. COLOR OR RACE OR DIVORCED (write the word) White Divorce d	21. DATE OF DEATH (Month) (9, 193 7, (Year) (Year)
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of Authorized Authorized	22. I HEREBY CERTIFY, Thet I attended deceased for
6	DATE OF BIRTH (month, day, and year) Not known	, 19, to, 19, 19, 19, 19, 19ast saw h alive on, 19, death is s
7.	AGE Years Months Days If LESS than 1 day,hrs. orhrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
CCUPATION	Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Laronic Valvular Heart Disease
12	this occupation (month end year) spent in this occupation 5 BIRTHPLACE (city or town) Rat known (State or country)	Other Coutributory Causes of importance:
ER	13 NAME not known	
FATHE	14. BIRTHPLACE (city of town)(State or country)	Name of operation Date of Was there an eulopsy?
MOTHER	15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17	INFORMANT Mus- Gorothy Minnick (Address) 31 Sollers Point Road	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18	BURIAL, CREMATION, OR REMOVAL Place Sacred Pleant of Mary Date June 22 , 1937	Manner of injury
19	WOERTAKER John J. Duda nd. (Address) 2811 Hudson St. Baltimore	24. Was disease or Injury in any way related to occupation of deceased? Ro
20.	FILEO 6/21/379 Julearmen	(Signed) D. B. Grans J. P. + acting Coro (Address) 10 arrowshif Rd. Dundal

STATE OF MARYLAND—CERTIFICATE OF DEATH

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			1

MOTHER

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V. S. No.

state

of OCCUPAshould item of

1. PLACE	DF DEATH			CERTIFICATE OF DEA	70
County	Baltimore			Registration D	Dist. No30
Length of re	City Catonsvil esidence in city or town where d AME Elizabe	eath occurred	yrslmos	death occurred in a hospital or institution, give its NAME Output Description Output Desc	St.,Wal instead of street and number) yrsmos
				St. Ward. If nonresident g	rive city or town and State
PERSO	NAL AND STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE	OF DEATH
3. SEX	4. COLOR OR RACE		RIED. WIDOWED. O (write the word)	21. DATE OF DEATH 6-8-37 (Month)	, 193, (Day) (Year)
6. DATE OF BIRTH	Louis	Schuman -7-1857 Days	If LESS than	1 HEREBY CERTIFY 2. 1 HEREBY CERTIFY 1 last saw h 2. 2 elive on 1 last sa	2
	80 0	l days	I day,hrs.	The PRINCIPAL CAUSE OF DEATH end related cause: were as follows:	
9. Industry or work w	fession, or particular i work done, as SPINNER, R, BOOKKEEPER, etc r business in which vas done, as SILK MILL, IILL, BANK, etc	House wi		Efittlions of BL Eye auton Storm & Chest	led 4
O To Date deceded this occupear)	esed last worked et cupation (month and	11. Total ti sper occu	me (years) nt in this pation		
12. BIRTHPLACE ((State or co	city or town)Md.			Other Contributory Causes of Importance:	
₩ I3. NAME	Daniel Bawel	1			
I 4. BIRTHPLA	CE (city or town) Gorm				Date of

Hanrah Meyers 15. MAIDEN NAME

16. BIRTHPLACE (city or town) _. (State or country

Louis Schuman 17. INFORMANT Baldwin, Md (Address)

18. BURIAL, CREMATION, OR REMOVAL Fork. M.E. Com Date

C. E. Arthur 19. UNDERTAKER Fork. (Address)

20. FILED_

6-10-37.19

Registrar.

Nature of injury 24. Was disease or injury In any way related to occupation of deceased?____. If so, specify

23. If death was due to external causes (VIOLENCE) fill in also the following:

(Specify city or town, county and Stale)
Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Addess State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

What test confirmed diagnosis? Clerus

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JUL 2 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance:	1 year

	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	(93-2)
County Ode Co.	Registration Dist. No.
	NoSt.,Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
	nosds. How long in U.S. If of foreign birth?yrsmosds
2. FULL NAME adolph ochur	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of The late Mary E. Selveman	22. MI HEREBY CERTIFY. That i attended deceased from 30 1937 to June 15: 1930
6. DATE OF BIRTH (month, dey, and year) Sec. 23-/853	I last sew h alive on since 14 , 1937; death is said
7. AGE Yeers Months Days If LESS than 1 day,hi	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
3. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Myocardial failure may
SAW MILL, BANK, etc	
year) occupetion occupetion	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Chirtian Schurman	
14. BIRTHPLACE (city or town)	Name of operation Date of
15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:
16, BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Millon Schurwan (Address) Balwin Sur	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Bluneum Juts Cour Date June 17, 193	Manner of injury
19. UNDERTAKER Clause C. Carthur (Address) A Fork Was	24. Wes disease or injury in any way related to occupation of deceased? NO
	(Signed) Chifford & Bullson M.

V. S. No. 1

-WRITE PLAINLY,

PHYSICIANS should state RD. Every item of infor-

UNFADING INK-THIS IS A PERMANENT RE

ARGIN RESERVED FOR BINDING

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPA-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
The state of the s			

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6413
1. PLACE OF DEATH	8
County / Saltruge	Registration Dist. No.
Village or City Edgewith MA	No. St., War f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	
2. FULL NAME	tt
(a) Residence: No. Put Ane Agenule	Mast. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Qay) (Year)
a. If married, widowed, or divo/ced HUSBANO of	
(or) WIFE of	22. I HEREBY CERTIPY, That I ettended deceased from
Drue 18 1927	last saw h alive on 19 death is sa
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Month Oays If LESS than	to have occurred on the date stated above, etm.
1 day,hrs.	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	
SAWYER, BOOKKEEPER, etc	H-11Bix H
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	service of the servic
10. Date deceased last worked et this occupation (month end year)	
12. BIRTHPLACE (city or town) Charlotte Caust Kause (State or country)	Other Contributory Causes of importance:
1 / 1	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Oate of Oate of
	What test confirmed diagnosis? Was there an europsy?
1. bl. o' and	23. If death was due to external causes (VIOLENCE) fill in elso the following:
2 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19, 19
(State of Spillity)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT All James Faint, Mid	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Mit. Chilmen Bate 6/19, 19.07	Nature of injury
19. UNDERTAKER Samuel M. Charle Tolan (Address) 638 M. Dubrico	24. Was disease or injury in any wey releted to occupation of deceased?
20. FILED emi 197 199 4/ All Limics M. D. Registrar.	(Signed) Lasty M. Taxustal M. (Address) The Paint M.
If more blanks are needed, address State Registrar,	, 2411 N. Charles Street, Baltistore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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	Example I		Example II	
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	FIVED	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephra		1921	Run over by street car	1 week ago
Cerebral hemorrhage	301 3 1931	July 5,1927	Peritonitis	3 days ago
	NUREAU V. S.	-		
Other contributory cau	ses of importance.		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				1

should state item of infor-PHYSICIANS A PERMANENT RE

FOR BINDING

MARGIN RESERVED

properly classified. Exact statement of OCCUPA-AGE should be stated EXACTLY. See instructions on back of certificate. UNFADING INK-THIS IS pe CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important. -WRITE PLA

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	- CO
County Baltimore	Registration Dist, No. 44
Village or City (If Length of residence In city or town where death occurred yrs) mos	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Mydaline warg. Sei	If U. S. Veteran, specify WAR
(a) Residence: No. Mace + Javanhah (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR D. VORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of prephilarly	22. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) Capril-12-1892	
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Cente Cardiae Failure
year) occupation occupation	Other Contributory Causes of importance:
(State or country)	Chronic mys cardities; duration;
13. NAME Comad Hagen	three years Cont & St.
13. NAME (mad Hagen) 14. BIRTHPLACE (city or town) (State or country) Sermany	Name of operation Date of What test confirmed diagnosis? Was there an au opsy?
15. MAIDEN NAME Lunique da Maffler 16. BIRTHPLACE (city or town)	23. If death wes due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
17. INFORMANT MC. Job. Seits auf. (Address) Zunge + Savannsch auf.	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Holy Coary Date 6/18, 1937	Manner of injuryNature of injury
19. UNDERTAKER John & Connelly (Address)	24. Was disease or injury In any way related to occupation of deceased?
20. FILED 6/17 , 19 1) Jun & Tenuelly Registar.	(Signed) Fred & young asting Connect D

V. S. No. 1

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	le le	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			118
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mor settle - 8/3/87 - & change name see letter	ADI	DITIONAL SPACE FOR FUI	RTHER STATEMENTS BY P	HYSICIAN
under send - x13101- 2	For authory	ation & Ch	ange name	, see letter
	under seily	2 - X/3/0/- 25		

V. S. No. 1

1. PLACE OF DEATH	CERTIFICATE OF BEATH 0413
County Bellinne	Registration Dist. No. 3 3
Village or City Resetes of the	No. Med Secret Sandone St., Ward f death occurred in a horpital or iostitution, give its NAM instead of street and number)
	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME I da Celta (a) Residence: No. 2231 & But LB Buts. (Usual place of abode)	Mard. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("write the word)	21. DATE OF DEATH 9 193 7
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	(Month) (Day) (Year) 22. I HEREBY CERTIFY, Thet I ettended deceased from
6. OATE OF BIRTH (month, day, and year) 1876(?)	I last saw h & alive on 16 9 , 19 7 death is said
7. AGE Years Months Oays If LESS than 1 dey,hrs.	to have occurred on the date stated above, at
8 Trade profession or particular	Cardine Granty thereny 1997. Cardine Kalestony & Dil that 192)
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceesed last worked et this occupation (month and	Pulmorand Tuberuloses 1922
this occupation (month and year) spent in this 40 occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Byonchustano
13. NAME CINCOLL	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Oete of What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME	23. If death was due to externel causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Oate of Injury, 19 Where did injury occur?
17. INFORMANT / frystle Recoglis	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Oate 19 3	Manner of Injury
19. UNDERTAKER (Address)	24. Was disease or injury in any way releted to occupation of deceased?
20. FILED June 10, 1937 Thurstone	(Signed) Joseph 13. Area M. O. (Address) And Phone & Constitution

If more blanks are needed, address State Registrar, 2411 N Charles Street, Baltimore, Requesting V. S. No.

STATE OF MADVI AND CEDTIFICATE OF DEATH

6 4 1 5

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1	i	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		An May 1	
Other contributory causes of importance:		Other contributory causes of importance	
Gallstones	May 1,1923	Gastroenteritis	1 year
		4.	

STATE OF MARYLAND—CERTIFICATE OF DEATH

County Village or C	D	imore arkvil	le		
	7	or town where	death occurred.	1 i	fe _{rs mos}
2. FULL NA			a L. S		
(a) Residen	ce: No	#43	-Garne		
PERSON	IAL AND	STATIST	ICAL PAR	TIC	CULARS
Female		or race hite	5. SINGLE, IN	TEP.	TED, WIDOWED,
a. If married, widow HUSBAND of (or) WIFE of	char	les E.	Simms		
DATE OF BIRTH	month, day,	and year)	May 3	rd	, 1903
AGE Yea	15 4	Months 1	Days 2	3	If LESS than 1 day, X X X X X X X X X X X X X X X X X X X
9. Industry or work was SAW MIL 10. Data decease this occur	vork dona, as BOOKKEEPI business in v s done, as SII L, BANK, etc	S SPINNER, ER, etc		el tim	e na (years) in this ation
2. BIRTHPLACE (cit (State or coun	y or town)	Reit	imore,		d.
13. NAME	James	Abbo	tt		
13. NAME 14. BIRTHPLACE (State or	(city or tow			im	ore,Md.
15. MAIDEN NA	ME Ma	ry Hei	nlein		
15. MAIDEN NAI	(city or town	-		im	ore .Md.
(Stata or	Cham		Simms		
(Stata of		Garnet	AV C.		
7. INFORMANT	43-	MOVAL	Ave.	/2	9/37,19

___N0.______St.,_____St.,_____St.,_____St.,_____St. occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?_____yrs.____mos.___ds. MEDICAL CERTIFICATE OF DEATH 1. DATE OF DEATH I HEREBY CERTIFY, That I attended deceased from to have occurred on the date stated above, at 8.30/4.m. RINCIPAL CAUSE OF DEATH and related causes of Importance Date of onset Other Contributory Causes of importance: What test confirmed diagnosis? Churcal Was there an autopsy? 3. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or komicide?_____ Date of injury______19 (Specify and or town, county and State).

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, Nature of injury 4. Was disaasa or injury In any way related to occupation of deceased? 200 If so, specify

V. S. No. 1

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statement

Exact

certificate

very important.

TION is

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was donc.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find

out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill." etc. State

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	13	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 wcck ago
Chronic interstitial nephritis	1921	Run over by strect car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		A	
Other contributory causes of importance:		Other contributory causes of importance.	
Gallstones	May 1,1923	Gastrocnteritis	1 House
		80, 30	BD
ADDITIONAL SPACE F	OR FURTH	ER STATEMENTS BY PHYSICIAN	4

SE

CAU

BINDING

FOR

RESERVED

RGIN

S. No. 1

B

County Length of residence in city or town 2. FULL NAME (a) Residence: No (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) Single 5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate 7. AGE Months Days Yaars 23 or min. 8. Trede, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc ... back 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.... 10. Date deceased last worked at 11. Total tima (years) this occupation (month end spent in this occupation ... year) instructions 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town)_ (State or country) MOTHER 15. MAIDEN NAME 16. BIRTHPLACE (city or town) ____. (State or country) 17. INFORMANT (Address) 18. BURIAL CREMATION, DR. REMDVAL LION (Address) 20, FILED.

1. PLACE OF DEATH

Registration Dist. No. le train chor (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. If of foreign birth? vrs. mos. ds. If U. S. Veteran, specify WAR_ If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) HEREBY CERTIFY, That I attended daceasad from _____, 19_____, to_______ to have occurred on the data stated above, at 10,30 @ m If LESS than 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causas of importance ware as follows: Date of onset Othar Contributory Causes of Importence: Name of operation... What test confirmed diagnosis?. Was there an autopsy?____ 23. If death was due to external causes Accident, suicide, or homicide? Where did Injury occur?____ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. Menner of injury Nature of injury. 24. Was disease or injury in any wey related to occupation of decaased? If so, specify (Signad) Registrar. (Addrass)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	10	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		12 100	

V. S. No. 1

				CERTIFICATE OF DEATH	14/18
1. PLACE OF DEAT	Н			93	X
County Balt	imaro.			Registration Dist. No.	V
		,	ryland	No Sheppard and Enoch Pratt Hos. pi) death occurred in a horpital or institution, give its NAME instead of street and r	Ward
Length of residence in cily)sds.
2. FULL NAME W					
(a) Residence: No	Danville	(Usual place of	abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND	STATISTIC	CAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX M 4. COLOR		5. SINGLE, MARR OR DIVORCED	(write the word)	21. DATE OF DEATH JUNE (Month) (Day)	, 193 7
5a. If married, widowed, or divorced HUSBAND of				No. 19 Page 19	(1691)
(or) WIFE of				22. I HEREBY CERTIFY. That I attended aug. 31, 1906, to June 6	
6. DATE OF BIRTH (month, day, and year) 1868			68	I last saw h_1 221 allve on	; death is said
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at \$2.20. Qm.	
Roll of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SSILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this pregnation (month and this pregnation (month and this pregnation (month and this pregnation (month and this pregnation from the property of the pregnation (month and this pregnation from the property of the pregnation (month and this pregnation from the property of the pregnation (month and the pregnation from the pregnation from the pregnation from the pregnation from the pregnation of the pregnation o				The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
				arterioseleroses	Date of onset
			<i>u</i>	Kypertennin condiac disease	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc				0	
SAW MILL, BANK, etc			na (vaore)		
0. Date deceased last worked at this occupation (month and spent in this occupation (month and spent i			in this		
				Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)		Ten tuc	164	Rementia praecax, peransia	
1	1/ 0		,		
13. NAME Joseph 14. BIRTHPLACE (city or tow		m rall			
14. BIRTHPLACE (city or tow	in) Kentuc	ky	d. 1907	Name of operation Date of	
(State or country)		/		What test confirmed diagnosis? Was there an a	outopsy? 20_
H 15. MAIDEN NAME A-/	zobetly 6			23. If death was due to external causes (VIOL ENCE) fill in also the following	:
15. MAIDEN NAME FIT	(n) 180 77 4	ucky	d. 1886	Accident, suicide, or homicide? Date of injury	, 19
(State or country)				Where did injury occur?	
17. INFORMANT Hos	pital Rec	cord		(Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ACE.
18. BURIAL, CREMATION, OR RE	MOVAL	1.	1 21	Manner of injury	
Place D. amily	, Ky	Date Jun	, 19 5/	Nature of injury	
19. UNDERTAKER John	u 0/ W	tele	el Los	24. Was disease or injury in any way related to occupation of deceased?	no
20. FILED 44 7 , 19	37 W	Stroll L	MASSING Registrar.	(Signed)	М. О.
U	If more by	anks are needed, ad		(Address) Towson, Wary Land	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I		Example II	
The principal cause of dof importance were as for	llows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	DECEIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrita		1921	Run over by street car	1 week ago
Cerebral hemorrhage	JUL 7 1936	July 5,1927	Peritonitis	3 days ago
	BUREAU V.			
Other contributory caus	es of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
			•	

V. S. No. 1

			NIDUE	REDI	1 V Y 1	1	OKB	MARGIN RESERVED FOR BINDING	
N. B	N. B.—WRITE PLAMLY, WITH UNFADING INK—THIS IS A PERMANENT RE	WEAR	INFADIN	IG INI	K-TH	[IS]	S A PE	RMANENT	RA
(mation should be carefully supplied. AGE should be stated EXACTLY. Pl	efully sul	pplied.	AGE SI	pluor	be s	tated F	XACTLY	7. P
1	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact	in plain t	erms, so	that it	may	be p	roperly	classified.	Exac
)	TION is very important. See instructions on back of certificate.	ant. See	instruction	no suc	back	of ce	rtificate		

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6419
1. PLACE OF DEATH	OHIO
County 13alto	Registration Dist. No. 33
Village or City Heriford Insulation &	No. St Word
Length of residence in city or town where death occurredyrsmos	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Mys James S. Just	ly.
(a) Residence: No. Manual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIO OWED, OR DLYORCED (write the word) Fa. If married, widowed, or divorced	21. DATE OF DEATH 20, 193 7 (Month) (Day) (Year)
HUSBAND of G. Bahard Sueple	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Sult 11 1866	
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occuration (month and this programment and this occuration (month and this programment and this programment and this programment and this occuration (month and this programment and the programment and th	were as follows: Alrewing (accidental) Oate of onset
SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month and year) year)	There was no book involved. Civis R. Deseared fell off of the wall of a suronvoing
12. BIRTHPLACE (city or town) Lee Center (State or country)	Other Contributory Canses of importance: pool. Cush.
13. NAME Sto M. Stedman 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country)	Name of operation Oate of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Lidge Carry 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? — Decident — Oate of injury
17. INFORMANT Charles H. Deeple (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Date June 72, 1937	Manner of injury Accidental drowning Jools Nature of injury
19. UNDERTAKER AMERICAN STORY & Son	24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. FILEO June 26, 1937. Smilner Boston Dr. Registrar.	(Signed) Bergamus B Musyman M. D. (Address) Skrefan Donner
If more blanks assembled 11 C. D.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis 1111 7 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The state of the s			
And the second s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

EXACTLY. PERMANENT ARGIN RESERVED FOR BINDING stated plnous

V. S. No. 1

should state OCCUPA-Jo PHYSICIANS Every statement Exact properly classified. certificate. may back on that See instructions supplied. CAUSE OF DEATH in plain terms, mation should be carefully very important. -WRITE TION is

MOTHER

(Address)

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6420
1. PLACE OF DEATH County Belliman	Registration Dist. No. 38
(1)	U) NDSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long In U.S. if of foreign birth?yrsds.
(a) Residence: No. White March Ma	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mora E. Luce 6. DATE OF BIRTH (month, day, end year) Leb 23, 1880 7. AGE Years Months Days If LESS than	22. I HEREBY CERTIFY. That I attended decaased from 1937 1 last saw h
8. Trada, profession, or particular kind of work done, as SPINNER, Larve SAWYER, BDOKKEEPER, etc.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: Date of onzet 124
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and spent in this securation (month and spent in this securation (month and spent in this	
year) occupation 4.	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) W Castle or country) 13. NAME and Slave June	
13. NAME (indself) June 14. BIRTHPLACE (city or town) At Michael's (State or country) July or June (State or country) July or Jun	Name of operation Data of

15. MAIDEN NAME 16. BIRTHPLACE (city or town) ___ (Stete or country)

Record Persona 17. INFORMANT. -Hospital (Address) And OWOOD anatorium. Towson, Md

19. UNDERTAKER

6 Registrar.

Manner of injury Nature of injury_____ 24. Was disease or injury in any way related to occupation of deceased?..

23. If death was due to external ceuses (VIOLENCE) fill in also tha following: Accident, suicide, or homicide?_______ Date of injury_______ 19

(Specify city or town, county and State)
Specify whethar injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.

If so, specify (Signed) (Address) Towson.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitual nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

-WRITE

V. S. No. 1

1. PLACE OF DEATH	93-70
County /3alto	Registration Dist. No. 43
Village or City Rash & burg	No. 11 Glan more los Ward
4.1.	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurre	rsds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Dorothia 1.	went If U. S. Veteran, specify WAR No Record
(a) Residence: No. // Glenner	Z ave Ward.
(Usual place of abo	
PERSONAL AND STATISTICAL PARTICUL	LARS MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SHOELE, MARRIED, OF DWORCED (with	rice the word)
5a. If married, widowed, or divorced	
(or) WIFE of Frederick Jurnit	22. I HEREBY CERTIFY, That I attended deceased from June 4, 19.37, to June 11, 19.37
6. DATE OF BIRTH (month, day, and year) Fel 5 1	863 Hast saw h. ar alive on June 10 19. 37; death is said
	If LESS than to have occurred on the date stated above, at 12:05 A. M.
	day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	/ Nyocarditia Oate of onset
kind of work done, as SPINNER, House wif	1936
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc.	
Spentin the	this equal to the second of th
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Arteriosolerosis Unknown
2/ : 2/ : 4	
13. NAME Viery Wilds brane 14. BIRTHPLACE (city or town)	
4 14. BIRTHPLACE (city or town)	Name of operation
(State of country)	Whet test confirmed diagnosis? Was there en eutopsy? No.
15. MAIDEN NAME Margaret Dozu	23. If death was due to external causes (VIOL ENCE) fill in also the following:
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE
17. INFORMANT Man Hanny Babel (Address) II Shadow one dor	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Landon Park Date June 14	4,193.7. Nature of injury
19. UNDERTAKER Stellware least	24. Was disease or injury in any way related to occupation of deceased?
(Address) 1219 St Paul St	If so, specify Company to the state of the s
Illi son FF	mx (Signed) foo W. / for John Will
20. FILED 6 111 , 190 / July 1	Registrar. (Address) 401 E. 25th St. Baltimore

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of dath and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis Way	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Ce

15

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tı		6422	
Cou	PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH	
		Registration Dist. No.	
Village	or City Dundalk (No. 68178 Hola 2FULL NAME Infant Unru	e St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SEX	MARRIED, WIDOWED. OR DIVORCED	16 DATE OF DEATH June 27, 1937 , 192	
	E OF BIRTH June 26. 1937	17 I HEREBY CERTIFY, That I attended the deceased from	
	(Month) (Day) (Year)	that I last saw halive on, 192	
7 AGE	Stillborn If LESS than yrs. mos. de. or min.?	and thet death occurred on the date stated above, atm The CAUSE OF DEATH * was as follows:	
(a) T	rade, profession or None	Stillborn (Tremsters futh 6 months	
busin	General nature of industry less, or establishment in h employed or (employer)	(Duration) yrs. mos ds	
9 BIRT	tate or country 6718 Holabird Ave.	Contributory Secondary (Duration) yrs mos ds	
	FATHER WILLIAM L. Unrue, Jr.	(Signed) M. 1 6/26/37 192 (Address) Dundalk, Md.	
N T S	of father (State or country) Roanoke, Va.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.	
0 12 0 12	of Mother Betty Jane Gindlesperger	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Truns ients or Recent Residents)	
	of Mother Johnstown, Page (State or Country)	At place of deathyis,mos,ds, In the Stateyrs,mosds Where was disease contracted,	
	ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	in not at place of dea h?	
(1:	(Address) all and a spring of	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	

Registral If more blanks are needed, addre state hegistraf, 16 W. Saratoga St., Balto., Kequesting V. S. No. 1.

20 UNDEBTAKER

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The ques-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e.g., Farmer or Planter tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, whatever, write None. tired 6 yrs). en at home, who are engaged in the duties of the worked on may form part of the second statement. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, was to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a laborer, Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, (b) Cotton mill; (a) Salesman, (b) Grocery; eman, (b) Automobile factory. The material For persons who have no occupation Stationary fireman, etc. But in many Laborer-Coul mine, etc. Wom-Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Ilaemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Attophy," "Collapse," "Coma," "Convulsions," st_ted+ unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by taken. For VIOLENT DEATHS state MEANS OF INJULY can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition, causing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, menfelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, State cause for which surgical operation was underdiseases Chronic interstitial nephritis, approved by Committee on Nomenclature Recommendations on statement of cause of death (secondary or intercurrent) American Medical Association.) Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; " "Marasmus," "Old Age," "Shock," Chronic affection etc. The contributory valvular heart need not be Measles; disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

item of infor-PHYSICIANS should state Exact statement of OCCUPA-A PERMANENT RE stated EXACTLY. properly classified. UNFADING INK-THIS be AGE should be AUSE OF DEATH in plain terms, so that it may mation should be carefully supplied.

FOR BINDING

ARGIN RESERVED

WRITE PLA

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STATE OF MADVI AND CEPTIFICATE OF DEATH

1. PLACE OF DEATH County Baltimore	Registration Dist. No. 38
Village or City Onoman mills P.O.	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long In U. S. If of foreign birth?yrsmosds.
2. FULL NAME Mrs. Harl Van Bibber	If U. S. Veteran, specify WAR
(a) Residence: No. Mittur Lane (Usual place of abode)	St., Ward. Ownigs mills, P.O. If nonesident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wrighthe word) March	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harl a. Van Bibler	22. I HEREBY CERTIFY. That I attended deceased from 19, 19, 19, 19
6. DATE OF BIRTH (month, day, and year) June 28 1900	I last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
9 Trade profession or particular	Electrocuted (accidental) Date of ongot
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
O 10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Baltimore Ma' (State or country)	Other Contributory Causes of Importance;
13. NAME anthony B. Mc Elroy 14. BIRTHPLACE (city or town) Baltimar 6 Ray (State or country)	Name of operation Date of
(State of Country) Mangach	What test confirmed diagnosis? Blinical Was there an autopsy? No
15. MAIDEN NAME Elizabeth W. Morrison	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Elizabeth W. Mossison 16. BIRTHPLACE (city or town) Baltimose City (State or country) 7/1/24 (classed)	Accident, suicide, or homicide? Accident Date of Injury June 1819 37.
(State or country) Maryland	Where did Injury occur? / Datumate Launta m. d. (Specify city or town, county and State)
17. INFORMANT James 18 alto 6 Charge	Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Cattlestral Campbale 6/21, 1937	Manner of Injury Electro coultrd from extension Nature of Injury Con
19. UNDERTAKER Henry W. Mears & Son (Address) 8.55 M. Solvet St.	24. Was disease or injury in any way related to occupation of deceased? he if so, specify L. Edward Wyers act. Coroner
20. FILED Juny 419 37 Illur an	(Signed) Al Fernshan M. D. (Address) Reisherstown md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		(B)	
Other contributory causes of importance:		Other contributory cluses of importance;	
Gallstones	May 1,1923	Gastroenteritis	1 year
		12 (a)	/
	1	(33)	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state JORD. Every item of infor-Exact statement UNFADING INK-THIS IS A PERMANENT RE properly classified. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be TION is very important. LWRITE PLAINLY,

IARGIN RESERVED FOR BINDING

of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE O	F DEATH				(95-6)	(00)		
County	Baltimo		`			Registration Dist.	No. 30	
Village Dr C	city <u>Catonsv</u>	ille	(16	No. Opitz	Home,	Numery	Banse,	Ward
Length of rasi	idence in city or town where	leath occurred $\frac{4}{}$	5 yrsmos	sds. How long	in U.S. if of for	aign birth?	yrsm	osds.
2. FULL NA	ME Clem F.	Wilson		If U.S. Ve	eteran specify	WAR		*************
(a) Residen	ice: No. 2702 17.	Pairmo (Usual place		St.,Wai	rd	If nonresident give	city or town and	l State
PERSON	IAL AND STATIST			MED	ICAL CER	TIFICATE O		
3. SEX Female	4. COLOR OR RACE	5. SINGLE, MAR OR DIVORCE	RRIED, WIDOWED, D (write tha word)	21. DATE OF D		6 a	(Day)	, 193 7
5a. If married, widow HUSBAND of (or) WIFE of	ed, or divorcad ate Josiah	Wils on		22. 1 HE	REBYC	ERTIFY,	That I ettended	deceased from
6. DATE OF BIRTH	(month, day, and year)	uli.	1858.	I last Gow her		1/	7	; death Is said
7. AGE Yea 78		Deys	If LESS than 1 day,hrs. ormin.	to have occurred on the The PRINCIPAL CAUS				Date of onset
9. Industry or work was SAW MIL Open Data deceas this occu year)	business in which s dona, as SILK MILL, LL, BANK, etced last worked at pation (month end	spa occ	time (years) nt in this upation	On gain Other Coutributory Ca	Auses of Importan	art dis	we	
12. BIRTHPLACE (ci	ty or town) Delawa:	re		Ontan	-9-0la	wis		
13. NAME	Morris				0	wwwJ		.1
13. NAME 14. BIRTHPLACE (State or	(city or town)	aware		Name of operation What test confirmed d				
15. MAIDEN NA	ME Unknown			23. If death wes due to		1		
15. MAIDEN NA 16. BIRTHPLACE (State or	(city or town)Del	aWare		Accident, suicide, or h Where did Injury occu	ır?			
17. INTURWANT	homas W. Hud 702 W. Fair			Specify whether injury	y occurred in IN	(Specify city or town DUSTRY, in HOME,	n, county and Sta or in PUBLIC PI	te) ACE.
18. BURIAL, CREMAT	TION, OR REMOVAL	\	23, , , 19 37	Mannar of injury Nature of injury				
19. UNDERTAKER (Address)		hitsta		24. Was disease or inju	ary in any way r	alated to occupation	of deceased?	no
20. FILED	2/ 1937 Du	aulal	le Bhese Registrar.	(Signed) (Address)	2229	ST Par	ach St	/M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

M	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
•	RECORD. E	7. PHYSICI	Exact staten	
SINDING	ERMANENT	EXACTLY	classified.	·e·
) FOR 1	IS IS A P	e stated	e properly	f certificat
MARGIN RESERVED FOR BINDING	VG INK-THI	AGE should b	that it may b	ons on back or
MARGIN	TH UNFADIR	y supplied.	lain terms, so	See instruction
•	PLAINLY, WIT	ould be carefull	F DEATH in pl	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. BWRITE	mation sh	CAUSE 0	TION is v

STATE OF MA	ARYLAND—	CERTIFICATE	OF DEATH	6425
1. PLACE OF DEATH	CORD THE SEC. OF	131		28
County Balto. Mid	*======================================		Registration Dist. I	No. 0
Village or City Towson		No		St., Ward
Length of residence in city or town where death occurre		f death occurred in a hospital or institsds. How long In U.S. if		
2. FULL NAME RABECCA	UG: lico		or foreign bittit:)13
(a) Residence: No. 3/4 henos	Dell	O. W.		
	l place of abode)	St., Ward.	If nonresident give cit	y or town and State
PERSONAL AND STATISTICAL PA	RTICULARS	MEDICAL C	CERTIFICATE OF	DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, OR DIV	MARRIED, WIDOWED, ORCED (write the word)	21. DATE OF DEATH	Jue o	2 2
M. 10 M	edor		(Month) (I	Day) (Year)
5a. If married, widowed, or divorced HUSBAND of B	1'.11	22, A I HEREB	Y CERTIFY Th	at 1 attended deceased from
(or) WITE of D/Engamero Ne	ngilla	Jan 1	1937 10	ene 2 193
6. DATE OF BIRTH (month, day, and year) MIEC	1863	I let saw h 2 alive on	Jame	, 1937 ; death is said
7. AGE Years Months Day		to have occurred on the date stat	ted above, atm	i.
	1 day,hrs.	The PRINCIPAL CAUSE OF DEA were as follows:	.TH and related causes of im	portance Date of onsot
8 Trade, profession, or particular kind of work done, as SPINNER, More SAWYER, BOOKKEEPER, etc.	na cate	100	1 + + 04	1 A to Date of one of
SAWYER, BOOKKEEPER, etc.	voruce)	Mure of	cellester /	yeurs you
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occuration (month and				13
10. Date deceased last worked at this occupation (month and	Total time (years) spent In this			
year)	occupation	01. 0 . 17 . 0		
12. BIRTHPLACE (city or town) OWNSVL	UE ,	Other Contributory Causes of Imp	ortance:	
(State or country)	1.6.			
13. NAME XXIII COM LEWIS	3			
13. NAME SCILLAN EENVIS 14. BIRTHPLACE (city or town)	70	Name of operation		Date of
(State or country)	110	What test confirmed diagnosis?	muy	Was there an autopsy?
15. MAIDEN NAME Patty 16. BIRTHPLACE (city or town) (State or country)		23. If death was due to external ca	uses (VIOLENCE) fill in also	o the following:
16. BIRTHPLACE (city or town) U	7, 1	Accident, suicide, or homicide?	Date of	injury, 19:
The Blat	4.10	Where did injury occur?	(Specify city or town, c	county and State)
17. INFORMANT CAMPAGE DELLA CONTROL AVE	1000000	Specify whether injury occurred	in INDUSTRY, In HOME, or	in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Nevarrojno	Manner of injury		
Place REason / PEST Date 6	- 6 - ,19 3 j	Nature of Injury		
19. UNDERTAKER BYTO WAT MANGES	4. Kngh	24. Was disease or injury in any v	way related to occupation of	decease#?
20. FILED HAND 2 137	Negistrar.	(Signed) (Address) 2.5	my ll.	efus h.
If most blanks ato nee		2411 N. Charles Street, Baltimore, R	equesting U. S. No. 1.	1

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 7 1937	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		1	

V.S. No. 1

1. PLACE OF DEATH	(87.E)	
County /3 allimore.	Registration Dist. No.	2
	No. Roseword State Iraning Sala If death occurred in a hospital or institution, give its NAME instead of street at	nd number)
Length of residence in city or town where death occurredyrs	os2.7ds. How long in U.S. if of foreign birth?yrs	_mosds
2. FULL NAME Paul Baccares	If U. S. Veteran, specify WAR	
(a) Residence: No. 3245. Ellen St. Boll	more and Ward.	
(Usual place of abode)	If nonresident give city or town	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	1
SEX 4. COLOR OR RACE White S. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the word)	21. DATE OF DEATH June 23 (Month) (Day)	, 193 7 (Year)
a. If married, widowed, or divorced		
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attend	
. DATE OF BIRTH (month, day, and year) august 24, 1928	I last saw h alive on June 23 , 193	7.; death Is sai
. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2:454 m.	
8 9 29 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onse
8. Trade, profession, or particular	7	Date of ouse
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Aliffuse Cerebral	Unks
9 Industry or business in which work was done, as SILK MILL, School on SAW MILL, BANK, etc	O lor som	
SAW MILL, BANK, etc 10: Date deceased last worked at this occupation (month and		
this occupation (month and spent in this occupation year)		
O A C	Other Contributory Causes of Importance:	
2. BIRTHPLACE (city or town) 3 assured , Liste or country)		11.1
	- Prinche - Preumpua	7/0/
13. NAME Waller Zaccario. 14. BIRTHPLACE (city or town) South america	50	
14. BIRTHPLACE (city or town) South Commence (State or country)	Neme of operation	une
	What test confirmed diagnosis? Was there	an autopsy?
15. MAIDEN NAME many Cappalonie:	23. If deeth was due to external causes (VIOLENCE) fill in elso the follow	
16. BIRTHPLACE (city or town) - Baltering - Jud	Accident, suicide, or homicide? Date of Injury	, 19
(State or country)	Where did Injury occur? (Specify city or town, county and	State)
7. INFORMANT Institutional records (Address) Rosework State Training School	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC	PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Place Hoty Ye doomen Date June 25, 193	Nature of injury	
9. UNDERTAKER W. J. D.	24. Was disease or injury in any way related to occupation of deceased? If so, specify	no
o FILED le 23 1937 Ce. C. Michels	(Signed). George Q, medany	М.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deccased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the usc of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

[4	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenterits	1 year
	1915 1921	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance: